

Promoting “Hope” and Well-being in
Adolescents following Transition to Secondary
School

University of East London

A thesis submitted in partial fulfilment of the requirements of the
University of East London for the degree of Doctorate in Educational and
Child Psychology

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Student Declaration

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Declaration

This work has not previously been accepted for any degree and it is not being concurrently submitted for any degree.

This research is being submitted in partial fulfilment of the requirements of the Doctorate in Educational and Child Psychology.

This thesis is the result of my own work and investigation, except where otherwise stated. Other sources are acknowledged by explicit references in the text. A full reference list is appended

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Abstract

This research examined the effectiveness of a modified 5-week intervention, the “Raising Hope Programme” to enhance hope levels and well-being in Year 7 students following their transition to secondary school. It included a sample of 42 Caucasian students from a community school, 21 of whom participated in the cognitive-behavioural, solution focused intervention and a comparison sample of 21 students who did not take part. The research employed a mixed-method approach to examine changes in students’ levels of hope and well-being immediately post-intervention and several months later. The programme also examined the role that student’s attributions played in being associated with students’ levels of hope and well-being.

Findings indicated that staff rated students as showing significantly lower levels of Total Difficulties Scores after taking part in the Raising Hope Programme, but students’ ratings indicate they continued to experience significantly lower levels of hope than the comparison group. Findings revealed a trend for students’ levels of hope in the entire cohort to improve over time, especially by the follow-up session. There was a significant improvement in students’ pathways scores over time, although this remained significantly lower in the intervention group. Students felt the participation in the intervention had helped them a lot with goal setting and attainment, identifying barriers and strategies to overcome them. There were significant associations over time between students’ levels of hope and subjective well-being, including positive links with levels of happiness, positive affect and life satisfaction. Findings are explained using “Hope Theory”. All students reported that they would recommend participation in the modified “Raising Hope Programme” to peers.

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Chapter 1

Introduction and Literature Review

1.1 Introduction to the Research

This research thesis involves an exploration of Year 7 pupils’ levels of hope following their transition to a mainstream, community secondary school. The research thesis employs a mixed-method research design to examine the effectiveness of the modified “Raising Hope Intervention” to enhance Year 7 students levels of hope both immediately post-intervention and at a follow-up assessment several months later. Hope levels are compared to a comparison group of Year 7 students who did not take part in the intervention. The research adopts the cognitive-emotional “Hope Theory” model (Snyder, 1994), which conceptualises hope as encompassing goals, pathways thinking and agency thinking. Assessment measures are triangulated to gain a comprehensive understanding of the effectiveness of the intervention using quantitative and qualitative analyses. The research thesis explores possible improvements in students’ levels of subjective well-being following participation in the intervention. It examines the possible relationship between students’ levels of hope and subjective well-being at pre-intervention, post-intervention and follow-up assessment phases. Finally, the study examines the nature and correlates of students’ attributions as possible mediators between the levels of hope and subjective well-being.

This chapter outlines, critically appraises and reviews the areas of literature contributing to the research project. It involves an initial introduction and rationale for promoting subjective well-being in adolescents. This is followed by an exploration of how Positive Psychology and in particular, students’ levels of hope may be important for fostering life

satisfaction, positive affect and happiness. The chapter reviews existing evidence for adopting interventions, especially those incorporating cognitive behaviour therapies techniques to promote hope. It examines the potential mediating role played by attribution styles and the links between hope and subjective well-being. Finally, the chapter concludes with a presentation of the research aims and questions involved in the research thesis.

1.2 Subjective Well-being of Children and Young People.

The interest in well-being and in particular, subjective wellbeing has grown considerably in recent years at local, national and international levels. Wellbeing has generally been referred to as the:

“Optimal psychological functioning and experience” (Ryan & Deci, 2001, p 142).

Subjective well-being concerns people’s self reported levels of life satisfaction, happiness, positive and negative affect (ONS: Waldron 2010). The “Easterlin Paradox” demonstrates that UK levels of life satisfaction and happiness have not risen since the 1950s despite unprecedented economic growth, suggesting this is insufficient to elevate well-being (ONS: Waldron 2010). Key milestones which have served to provide explicit focus on subjective well-being include the Local Government Act 2000 giving power to Local Authorities to promote social wellbeing and publication of the Prime Minister’s Strategy Paper entitled “Life Satisfaction: The state of knowledge and implications for Government”. The HM Treasury working paper “Developments in the Economics of Well-being” (2008) states the following:

“Well-being – both subjective and objective – is an important issue. It provides a framework with which to measure progress and analyse policy”

The landmark Stiglitz Commission (2009) provided international weight to the importance of measuring subjective well-being by recommending that national statistics

offices incorporate subjective as well as objective measures of wellbeing in national surveys.

Legislation in the United Kingdom is also clear that the identification and management of the subjective well-being of children and young people is no longer solely the remit of Health Services and that mental health is “everybody’s business” (DfES, 2001). The “Every Child Matters: Change for Children (ECM: DfES, 2003) agenda placed a child and young person’s well-being and development as the central concern of newly formed Children’s Services. In consultation with children, the Government identified five key outcomes – Being Healthy, Staying Safe, Enjoy and Achieving, Making a Positive Contribution and Economic Well-being as the basis for change. Since September 2005 the criteria for schools inspections have covered the contribution schools make to pupil well-being. The Children’s National Standards Framework Standard 9 clearly states that sustained improvements in the mental health of all children and young people are a core aim (DoH, 2004a).

Furthermore, all adults who work with children and young people are considered to have a responsibility for identifying possible difficulties at an earlier stage and making sure that targeted support is in place (Rait, Monsen & Squires, 2010). The government’s commitment towards improving well-being is further evidence by the Targeted Mental Health Projects in Schools Project (TAMHS), which is a three year national pathfinder programme funded through the Department of Children, Schools and Families (DCSF) to pilot links in twenty-five local authorities between Child and Adolescent Mental Health Services (CAMHS) and schools (DCSF, 2008). It aims to support the development of innovative models of therapeutic and holistic mental health support in schools for children and young people aged five to 13 at risk of and/or experiencing mental health problems and their families. In particular, TAMHS is seeking to improve young people's transition into secondary education.

1.3 Rates of Adolescent Well-being and Difficulties

The importance of explicitly focusing attention and interventions on improving child and adolescent well-being is brought into sharp focus by an examination of recent statistics. A report on child well-being by UNICEF (2007) found that the UK fell within the bottom third of 21 industrialised countries on rankings for five of the six dimensions reviewed (material, educational and subjective well-being, family and peer relationships and behaviours and risks). The Department of Health (2004a) describe how 10% and 15% of children and young people have a mental disorder that would meet criteria for a clinical diagnosis and a similar number of children have less serious problems that would benefit from some structured input. In total, it estimates that two million children and young people need intervention to improve their emotional well-being, mental health and resilience (DoH, 2004a). Perhaps of most concern is that the report estimates that around 40% of children with a psychological difficulty are not currently receiving any form of specialist input (Rait et al, 2010).

Research has found that adolescents are exhibiting more behavioural problems and greater psycho-social stress than was the case for previous generations. From national surveys undertaken in 1974, 1986 and 1999, Collinshaw, Maughan, Goodman and Pickles (2004) analysed data on 15-16 year olds, looking at the same kinds of problems in the UK across this period. The results showed a rise in adolescent mental health problems in the UK across this period. Teenagers in the 1990s were more likely to indicate depression, anxiety, lying, stealing, disobedience and other risky behaviour than teenagers in the 1970s with correspondingly poorer outcomes in the later-cohort teenagers. Frederickson and Cline (2009) convincingly argue that the reduction in prevalence rates of psychological difficulties and also the recognition of the benefits of high-levels of well-being has provided the impetus for a concerted focus of promoting well-being in adolescence. Weare and Gray (2003) report that evidence, primarily from the USA, indicates that interventions fostering well-being, emotional and social competence has multiple benefits, including greater educational success, improved behaviour, increased inclusion, greater social cohesion and improvements to mental

health. For example, a longitudinal study reported that adolescents with high psychological well-being developed fewer problems following stressful events (Suldo & Huebner, 2004). This suggests that a process might be operating where individuals with high life satisfaction and positive affect are likely to appraise stressful life events in ways that enable them to display more effective coping behaviours and resilience. Parke (2004) argues that unless the promotion of well-being is specifically targeted, individuals may continue to experience dissatisfactions and unhappiness even when successful behaviour changes have occurred during interventions.

1.4 The Proliferation of Definitions for Well-being and Psychological Difficulties.

In the introductory section “well-being” was defined as the “optimal psychological functioning and experience (Ryan et al, 2001, p 142) and it was acknowledged that subjective well-being refers to self reported levels of life satisfaction, happiness, positive and negative affect (ONS: Waldron 2010). It has been argued that the only person who really knows what a person is feeling is the experiencing self, thus lending support for the increasing importance attached to it (Layard, 2005). In any discussion of well-being though, it is important to acknowledge the proliferation of terminology which has led to a degree of confusion regarding definition (Weare et al, 2003). Weare et al (2003) state that while a clear definition of well-being and psychological difficulties may help in directing appropriate intervention, professionals within Education typically refer to presenting features as social-emotional and behavioural difficulties, and health professionals may view and label them mental health problems.

Historically research on well-being has highlighted two broad traditions, one relating to happiness or hedonic well-being often referred to as subjective well-being (SWB) and the other relating to human potential or eudaemonic well-being often referred to as psychological well-being (PWB). Psychological well-being is the term used in the

National Service Framework for Children’s Young People and Maternity Services (Department of Health, 2004a) and includes “emotional well-being” used in the SEAL materials. Huebner (1994) presents a multi-dimensional model of psychological well-being among US adolescents which includes “Positive affect” (enthusiasm, activeness and alertness), “Negative affect” (distress, anger, nervousness) and “Life satisfaction” (cognitive appraisals life quality involving family, friends, school, living environment and self). More recently increasing evidence has drawn connections between the two traditions whereby it has been suggested that PWB and SWB are “related but distinct aspects of psychological functioning (Keys, Shmotkin & Ryff, 2002). There have been recommendations that measures which assess elements of both, constitutes a more comprehensive assessment (Green, Oades & Grant, 2006). Lyubomirsky, King and Diener (2005) indicated that not only do certain factors make people happy, but happiness leads to success and a variety of positive life outcomes.

1.5 The Secondary School as a Context for Fostering Well-being.

There is increasing evidence that schools may be well placed to promote adolescent well-being by preventing potential difficulties and intervening early if problems arise for adolescents. Farmer, Burns, Philip, Angold and Costello (2003) found that almost 70% of children and young people receiving intervention for psychological difficulties do so at school and there is growing evidence of this input. It has been argued that if children have to wait to be seen by the Child and Adolescent Mental Health Services they may be more reluctant to accept help when is offered. However, access to appropriate therapeutic services is not quickly or routinely available (Liddle & MacMillan, 2010). Ford, Goodman and Meltzer’s (2003) study followed up on access to mental health services for those children and young people surveyed in the ONS study (2000). Results indicated that only 22.1% of children with diagnosed health difficulties received intervention in the 18 months following diagnosis. Of those children with an emotional

disorder, 53% had no contact with mental health services, whilst 39% had been in contact with school to discuss it.

Rait et al, (2010) argue that it is timely for educational psychologists to explore and analyse evidence-based preventative interventions that are likely to be successful in supporting children and young people’s well-being within the school setting. They argue that schools could be viewed as being a major “therapeutic environment” where staff can closely monitor, adapt and track specific programmes. The importance and need to identify evidenced-based effective interventions is also underscored by the Government’s recent consultation Green Paper on Special Educational Needs “*Support and Aspiration: A New Approach to Special Educational Needs and Disability*” (2011) which proposes the replacement of special educational needs categories ‘School Action’ and ‘School Action Plus’ with a single “school based category”. The aim is to give schools greater flexibility, as well as accountability, in providing appropriate interventions to support children and adolescent’s development, including their well-being. The proposed legislation also aims for a reduction in the number of children designated as having special needs because it is felt the term is being overused and a large numbers of children and adolescents’ wrongly diagnosed. The implications is that it will be very important to support schools to correctly identify children and adolescent’s needs and that appropriate evidence-based preventative interventions are available in schools to support them.

1.6 Identifying Evidence-Based Interventions to Promote Well-being.

Preventative interventions have been classified into three categories: universal, selective and indicated (Mrazek & Haggerty, 1994). Universal preventative interventions target whole populations who are not identified as being at particular risk. Schools implemented the Social and Emotional Aspects of Learning (SEAL) materials in primary (DfES, 2006) and secondary (2007a) schools in England as part of a universal

preventative programme to promote emotional and social competence. Moreover, all schools are expected to work towards achieving the national Healthy Schools status, which involves demonstrating the attainment of standards in emotional health and well-being, amongst other indices. Selective interventions are targeted at those at increased risk of developing an emotional disorder due to biological, social or psychological risk factors. Indicated preventative interventions are intended for those who are displaying the symptoms of a given condition and who may or may not meet clinical diagnostic criteria. One of the aims of the TAMHS project is to identify effective selective and indicated programmes. Weare et al (2003) in reviewing the ways that five Local Authorities in England were supporting the development of children’s social and emotional competence and well-being found a range of initiatives being used including circle time, peer buddy systems and a specific CBT programme called FRIENDS (Barrett, Webster & Turner, 2000).

Fonagy, Target Cottrell, Philips and Kurtz (2005) in their critical review of treatments/interventions for children and adolescents found that Cognitive Behaviour Therapies (CBTs) produced positive outcomes, particularly for children who fell within the mild to moderate range of psychological difficulties. Furthermore, the National Institute of Clinical Excellence (NICE, 2005) has stated that CBTs provide a time limited, problem/solution focused and skills based approach that has a theoretical base with emerging evidence highlighting its effectiveness. For example, the FRIENDS for Life programme, designed to improve children’s emotional well-being and social skills has been used effectively as an “indicated prevention” with promising findings of improvements in children and young people’s levels of anxiety, low mood, self-esteem and social skills (Barrett, Farrell, Ollendick & Dadds, 2006; Liddle et al, 2010; Lowry-Webster, Barrett & Lock, 2003).

While the afore-mentioned studies suggest CBTs offer some promising interventions, there appears to be some conflicting evidence. A meta-analysis conducted by Durlak, Furnham and Lampman (1991) examining the effectiveness of cognitive-behaviour therapy for adolescents with social and emotional difficulties (mean age = 13 years)

found no significant correlations between changes in cognition and behaviour, so although a child was able to say how a confrontation could be avoided, there was difficulty translating this into actual practice. A more recent meta-analysis of studies conducted in schools (Gonzales, Nelson, Gutkin, Saunders, Galloway & Shwery, 2004) revealed that there were significant effect sizes in three age ranges (.51 for 14-18yrs: .18 for 10-14 yrs: .70 for 6-10 yrs) which is promising. The authors suggest that the small effect size shown by 10 to 14 years may have been due to their skills at avoiding or undermining therapy and presenting with difficulties that were more entrenched and difficult to shift. However, this has largely remained unexplored to date.

A limitation of the existing literature of interventions using CBTs is that there is an absence of randomised-controlled trials of children and young people, certainly in the UK and Europe (Rait et al, 2010). However, the use of randomised-controlled trials for evaluating therapeutic interventions has been questioned as being an inappropriate methodology (Weston, Novotny & Thompson-Brenner, 2004b). Rait et al (2010) argue that if a credible case for recommending specific CBTs over other interventions is to be made, it is vital that educational psychologists engage in robust applied research that identifies the benefits and limitations of alternative interventions and strategies. They convincingly argue that more studies are needed to evaluate the effectiveness and efficacy of the delivery of CBTs within “natural settings” such as schools.

The Effects of Transition from Primary to Secondary School for Young People.

The transition from primary to secondary school is regarded as one of the most pivotal and potentially challenging changes in pupils’ educational careers. Transition has become a mandatory area for schools to consider. The Self-Evaluation Form for secondary schools, which must be completed as part of the OFSTED inspection, specifically directs managers to comment on their transition arrangements (Ofsted, 2007). Although most children cope well with the move (Brown, Kendall, Teeman &

Ridley, 2004), there is some accumulating evidence that highlights the potential negative effects of transition from primary to secondary school, including faltering academic progress (Alspaugh, 1998: Anderson, Jacobs, Schramm & Splittberger, 2000: Galton, Gray & Ruddick, 1999): Galton, Morrison & Pell, 2000). Marks (2004) in an extensive study of children in Nottingham found there was a distinct drop in children’s happiness and well-being when they moved from primary to secondary school.

Zeedyk, Gallacher, Henderson, Hope, Husband and Lindsey (2003) conducted a survey of 472 respondents to determine the concerns and expectations of primary and secondary pupils, parents and teachers regarding the primary-secondary transition. Findings indicated that bullying was the major concern for all groups, followed by fears of getting lost, increased workload and peer relationships. Teachers rarely identified children’s individual abilities as making a difference to the transition process, focusing instead on institutional initiatives. Barber (1999) describes transfer as a set of five bridges, all of which have to be crossed simultaneously: bureaucratic, social and emotional, curriculum, pedagogy and management of learning. Evagelou, Taggart, Sylva, Melhuish, Sammons and Siriaj-Blatchford (2008) presented findings from a sub-study on transitions undertaken as part of the Effective Pre-school, Primary and Secondary Education 3-14 (EPPSE 3-14 project). This major longitudinal study investigated the influence of pre-school, primary and secondary school on children’s cognitive and social/behavioural development in England. The “transition” sub-study of more than 500 children and families shed light on the transition practices and factors that mediate a successful transition. Key findings included the following: Most pre-adolescents (84%) reported feeling prepared on entry to secondary school. Many believed that their family and/or teachers helped them to prepare by addressing worries, reassuring and encouraging them, explaining what to expect and how secondary school works and by giving advice on how to cope in their new school. A noteworthy minority (16%) did not feel prepared when they changed schools, but only 3% of pre-adolescents were worried or nervous a term after starting their secondary school.

A range of practices were employed by schools which helped to support pre-adolescent’s transitions including: using bridging materials: sharing information

between schools: visits to schools by prospective teachers, children and their parents: distribution of booklets: talks at schools: taster days and other joint social events between schools. Aspects of a successful transition included developing new friendships and improving self-esteem and confidence. It was noteworthy that pre-adolescents who felt they had a lot of help from their secondary school to settle in were more likely to have a successful transition. This included help with getting to know their way around the school, relaxing the rules in the early weeks, providing procedures to help pupils to adapt, arranging visits to schools, induction and taster days, and booklets. If pre-adolescents experienced bullying, problems dealing with teachers or making new friends they tended to experience a negative transition. A key finding from the study by Ashton (2008) which investigated preadolescent's views about improving the transfer to secondary school was that pre-adolescents can be a very valuable resource in improving transition. The author concluded that given accessible opportunities, which need not take up large amounts of time or resources, pre-adolescents can inform the transition process and contribute to ongoing improvement.

The afore-mentioned evidence appears to suggest that it is valuable for secondary schools to consider implementing specific interventions designed to support pre-adolescent's successful transition to secondary school. The children's charity, the National Pyramid Trust (NPT) developed an intervention to support withdrawn and vulnerable children in Year 6 on the basis that this group may find the transition particularly difficult. Findings from pupils, parents and teacher indicated positive outcomes following participation. One of the recommendations regarding alternative models of delivery was that secondary schools identify pupils who are having difficulties settling in and offer them targeted support (Shepherd & Roker, 2005). However, further empirical studies are required to identify effective interventions that support students with different strengths and needs mediate a successful transition. Qualter, Whiteley, Hutchinson and Pope (2007) found that pupils with low baseline emotional intelligence responded positively to an intervention programme to support the development of emotional intelligence in adolescents following the transition to secondary school, although a negative change was noted in pupils with high baseline intelligence. Few studies have considered the effectiveness of interventions designed to

promote hope and well-being in pre-adolescents whose primary or secondary schools identify as being at risk of or are experiencing difficulties settling in.

1.7 Literature Review

The following sections present, critically appraise and review the literature relating to individual differences in the nature of hope and interventions designed to enhance hope levels in students in secondary schools. More specifically, the review introduces hope by explaining how it is a constituent component of Positive Psychology. It focuses on the various definitions and theories, but concentrates in particular on “Hope Theory” to explain the nature and development of individual differences in levels of hope. The review considers why hope levels are important in adolescents and outlines the limitations in the literature to date. It considers the school-based intervention “Raising Hope Programme” designed to promote hope in secondary schools. It is important to recognise that this is a new area of research with a very limited number of empirical investigations conducted to date, so reference is made to interventions from other age groups to aid current understanding and serve to highlight the impetus for the current study. This is followed by a review of findings relating to the relationship between levels of hope and students’ levels of subjective well-being, social and academic competences and athletics. The final section examines the potential mediating role played by explanatory attribution styles and levels of gratitude in the links between hope and subjective well-being. The chapter concludes with a presentation of the research aims and questions involved in the research thesis.

A critical, systematic review has been undertaken in order to identify the relevant theory and research. However, the literature review presents a necessarily selective rather than an exhaustive review of each area, given the number of variables incorporated in the study. The critical, systematic review included numerous searches of electronic databases, including UBSCO, Psychlit, PsycARTICLES and APA PsycNET. The research terms used are identified in Appendix 1. In order to conduct a comprehensive review, further electronic searches were conducted examining individual issues of

specific journals (Refer to appendix 1 for a list of these). Furthermore, hand searches were conducted by reviewing references cited in articles of interest and looking at indexes of specific journals. The researcher liaised directly with the author of the “Raising Hope Intervention”, Professor Shane Lopez in order to gain published and in press publications, regarding findings from studies which have used the intervention.

1.8 Positive Psychology – Hope and Well-being.

Subjective well-being, emotional and social competence are conceptually related within the overarching framework of Positive Psychology. Positive Psychology is the umbrella term for the study of positive emotions, positive character traits and enabling institutions (Seligman, Steen, Park & Peterson, 2005). It has been defined as the

“science of positive subjective experience, positive individual traits and positive institutions that will come to understand and build factors that allow individuals, communities and societies to flourish” (Seligman & Csikszentmihalyi, 2000:5).

It focuses on the conditions and processes that contribute to the flourishing or optimal functioning of people, groups and institutions (Gable & Haidt, 2005). Seligman et al (2000) proposed that at a subjective level positive psychology is about valued experiences: well-being and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). The fundamental intention of positive psychology is to have a more complete and balanced scientific understanding of human experience (Seligman et al, 2005). Fundamentally, researchers and practitioners recognise that the presence of strengths and well-being is not synonymous with an absence of psychological difficulties. Linley, Joseph, Harrington and Wood (2006) postulate that at a meta-physical level it aims to redress the imbalance by calling attention to the positive aspects of human functioning, experience (well-being) and integrating them with our understanding of the negative aspects of human functioning and experience (psychological difficulties). At a pragmatic level it is about

understanding the facilitators (ie hope, optimism) of the processes and mechanisms (ie relationships, environments, communities, society) that leads to desirable outcomes.

The shift in emphasis has attracted considerable support and interest (Boniwell, 2006; Gable et al, 2005) and can be traced to Martin Seligman’s 1998 Presidential Address to the American Psychological Association. However, positive psychology has a long history dating back to William James’s writings on the term “Healthy mindedness” (1902), to Allport’s interests in positive human characteristics (1958) and to Maslow’s advocacy for the study of healthy people (1968). In broad terms, positive psychology has common interests in parts of humanistic psychology and its emphasis on the fully functioning person (Rogers, 1969), and self-actualisation and the study of healthy individuals (Maslow, 1968).

Implicit in Positive Psychology’s intention to shift the focus to the enhancement of positive qualities is the assumption that environments, such as schools, can foster individual strengths such as optimism, hope and perseverance to promote resilience, competency and well-being (Terjesen, Jacofsky, Froh & DiGiuseppe, 2004). Identifying and developing children’s and adolescent’s strengths are key factors in a rounded education (Fox Eades, 2008). Adopting a Positive Psychology approach has the benefits of focusing on children’s and adolescent’s strengths, such as hope, gratitude and happiness and offers valuable new avenues for exploring risk and protective factors that may ameliorate resilience. Resilience has been defined as “being able to demonstrate successful adaptation despite threatening circumstances (Garmezy & Rutter, 1983) and “not just putting up with life’s adversities, but bouncing back from negative experiences and major difficulties” (Dent & Cameron, 2003). Factors that predict resilience have been identified in three main categories (Garmezy, et al, 1983) namely within-child factors (ie high cognitive ability, easy temperament), within-home factors (ie parent-child relationships, inter-parental conflict, SES) and extra-familial (ie teacher expectations, community resources). Focusing on adolescent’s strengths can increase the chances that they will successfully manage difficulties they confront in the present and cope with future issues (Terjesen et al, 2004). The construct “Hope” offers possibilities as a strength

or possible mediating factor that could be related to individual differences in adolescent well-being and happiness, with early studies providing promising preliminary evidence to suggest that further investigation is warranted.

1.9 Definitions and Theoretical Models of Hope.

Definitions and theoretical frameworks to respectively define and describe hope have been the source of much debate during many centuries for philosophers, spiritual leaders and increasingly in the late 20th century for social scientists, research psychologists and practitioners. Erik Erikson (1964) wrote that:

“hope is both the earliest and the most indispensable virtue inherent in the state of being alive (115)” and “the fundamental human strength (p 231)”.

Hope theory defines hope as follows:

“a positive motivational state that is based on an interactive derived sense of successful agency (goal-directed energy), and pathways (planning to meet goals) (Snyder, Irving & Anderson, 1991, p 91).”

In popular culture and literature, hope is often treated solely as an emotion, a particular feeling that allows one to sustain belief, while the cognitive component of hope receives more empirical investigation. Lopez, Synder and Teramoto Pedrotti (2006) have argued that most theoretical frameworks regarding the concept of hope can be grouped into an emotion-based or cognition-based category with the latter receiving more attention, although the two perspectives are beginning to merge imbuing hope with both affective and cognitive qualities. The following sections will briefly describe different theoretical models of hope before focusing on “Hope Theory” which the current study adopted to investigate levels of hope in Year 7 students and provided the theoretical underpinning for the modified “Raising Hope Programme” which has been evaluated in this research thesis.

Mowrer’s (1960) conceptualisation of hope is based on a behavioural perspective, with hope viewed as an affective form of secondary reinforcement. When working in a stimulus-response paradigm with animals, the “hope” emotion appeared in subjects when a stimulus associated with something pleasurable occurred. Once this affective component was induced, animals appeared to anticipate the eventual pleasurable occurrence, as shown by increased activity. In this way, hope sustained desirous behaviour by contributing to the reinforcement of the original stimulus. In these cases the emotion of hope appeared to act as a motivator. However, the obvious limitation is that this theoretical framework does not take the cognitive components into account.

Marcel proposed a philosophical approach which advocated that the construct “hope” was exemplified in the phrase “I hope in thee for us” (cited in Godfrey, 1987, p 103) and defined hope as being applicable only in seamlessly helpless situations. Based on his work with prisoners of war from World War II, Marcel proposed that hope was an affective form of coping that could be used in the most-dire circumstances of imprisonment. This perspective adopts a more collective view that relates to society rather than the individual. Averill, Catlin and Chon (1990) describe hope as an emotion, though governed by cognitions. The researchers perceive hope as most appropriate when goals are (a) reasonably attainable (b) under control (c) viewed as important by the individual and (d) acceptable at a social and moral level. Derived from a social-constructionist theoretical framework, this viewpoint relies on the norms and rules of the intended society to help define the true meaning of hope, therefore, believing that hope can only be understood within a cultural and social context.

Other theorists have emphasised how perspective and expectancy are involving in hoping (Lopez et al, 2006). Stotland (1969) conceptualised hope as “an expectation greater than zero of achieving a goal” (p2: cited in Lopez et al, 2006). He argued that the degree of hope is determined by the perceived probability of achieving the goal and the importance of the goal itself. If a sufficient level of importance is attached to a particular goal, then hope is ignited, mediating between the desire and the actual movement between the goal. Gottschalk (1974) viewed hope in terms of positive expectancy, defining it in terms of

optimism that particularly favourable outcomes are likely to occur. Hope is thus a proactive, motivating force that impels the individual to move through psychological problems. Godfrey (1987) proposes that hope is the belief in some probability of a positive outcome. Though such hope is instigated by an affective jolt, it is a cognitive process of weighing the likely outcomes in an individual's life.

Erikson (1964, p118) advocates that hope is an element of healthy cognitive development. Accordingly, he defines hope as the “enduring belief in the attainability of fervent wishes, in spite of the dark urges and rages that mark the beginning of existence”. Thus, hope is a thought or belief allows individuals to sustain movement towards goals. Erikson places hope in a developmental context, arguing that individual's hope from birth, but conflicts may arise internally because of hope, with “fervent wishes” coming into conflict with those of others, especially during infancy. In Staat's (1989) view, hope is seen as the “interaction between wishes and expectations”. This view combines tenets of Erikson's view with those of theorists who emphasis expectancy. Staat and Stassen (1985: p235) defined hope as having an affective component as well as cognitive aspects. On the affective side, hope is operationalised by Staat (1985) as “the difference between the expected positive and expected negative affect”. Cognitively, hope is seen as the communication between these expectations and the desires between them.

Of particular importance in this research is “Hope Theory”. The cognitive, emotive and motivational “Hope theory” advocated by Snyder and his colleagues is the theoretical model guiding this research. There are a myriad of reasons for adopting “Hope Theory”. Firstly, “Hope theory” is the most clearly defined model and has dominated the literature for the last two decades. The focus on students attaining goals is consistent and relevant to identified aims within schools and education. Secondly, it has been the focus of most empirical investigations conducted to date and studies have reported some promising findings. Thirdly, Hope theory has been proposed to be an overarching framework uniting all therapies. Consideration has been given to how it can be important across a range of therapies between a therapist and client (Lopez, Snyder, Magyer-moe, Edwards, Pedrotti,

Janowski, Turner & Pressgrove, 2006) and also applied in schools using an intervention called the “Raising Hope Programme”.

Having undergone a series of reconceptualisations and modifications (Snyder, Harris, Anderson, Holleran, Irving & Signon, 2001, Snyder, 1994, 2000a, 2000b, Snyder, Rand & Sigmon, 2002), hope theory is a strength-based construct that is part of the newly emerging positive psychology field (Snyder, 2000: Snyder & Lopez, 2002). Hope is recognised to exist as a relatively stable personality disposition (ie. trait) or as a more temporal frame of mind (ie. state; Snyder, Ilardi, Cheavens, Michael, Yamhure & Simpson, 2000). Snyder, Shorey and Rand (2006) state that:

“Having hope means that students have well-defined goals, a belief in their ability to develop strategies for reaching those goals (pathways thinking) and the requisite motivation to use those strategies (agency thinking).”

Furthermore, hopeful thinking allows people to make commitments, set goals, and work effectively towards attaining those goals (Snyder et al, 2006). Snyder et al (2002) propose that positive emotions should flow from perceptions of successful goal pursuit, whilst negative emotions are the product of unsuccessful goal pursuits. Therefore, they posit that goal-pursuit cognitions cause emotions. According to hope theory, hope reflects individuals’ perceptions regarding their capabilities to (1) conceptualise clear goals (2) develop the specific strategies to reach those goals (pathways thinking) and (3) initiate and sustain the motivation for using those strategies (agency thinking). Thus, the Hope Theory model, presented in Figure 1 proposes a two component-model which involves the following:

- Step 1: people must develop the specific strategies to reach these goals (pathways thinking)
- Step 2: People must initiate and sustain the motivation for using those strategies (agency thinking).

Snyder, Lopez, Shorey, Rand and Feldman (2003) argue that pathways and agency components are both necessary and neither by itself is sufficient to sustain successful

goal pursuit. As such pathways and agency thoughts are additive, reciprocal and positively related but not synonymous.

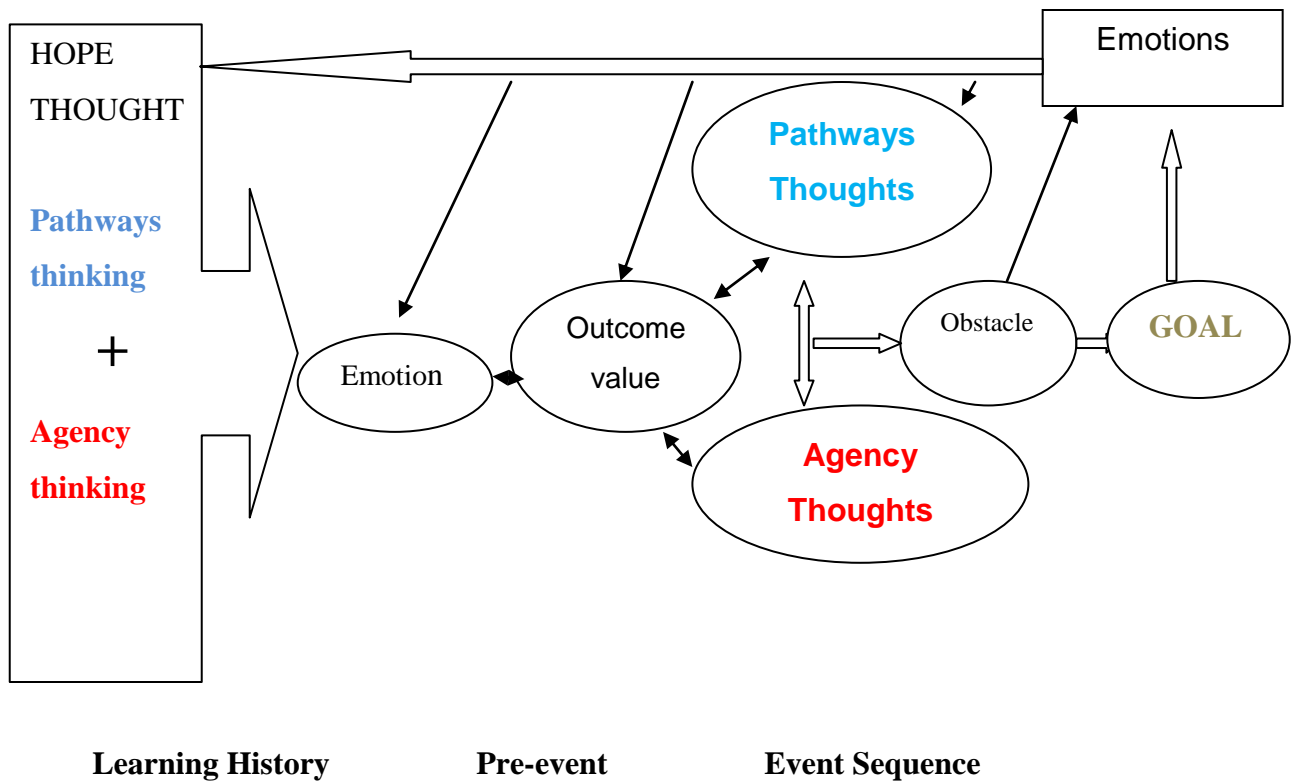


Figure 1.1 Hope Theory

Goals are considered the targets or endpoints of mental action sequences and so form the anchor of hope theory (Synder, Feldman, Taylor, Schroeder & Adams, 2000). According to hope theory, a goal can be anything that an individual desires to experience, create, do or become (Snyder et al, 2003). Goals may be a significant, life-long pursuit (becoming an astronaut) or more mundane and brief (getting the bus to school). They can occur at various levels of abstraction, for example, (1) goals in general (ie trait), (2) goals in a certain life arena (ie domain specific) or (3) one goal in particular (goal-specific). Goals must be of sufficient importance to enter conscious thought and may also vary in terms of the probabilities of attainment. They may also vary in terms of the perceived probabilities of attainment that vary from very high to very low. Snyder et al (2003) report that high-

hope individuals prefer “stretch-goals” that are slightly more difficult than previously attained goals.

Hopeful thought reflects the belief that one can find pathways to desired goals and become motivated to use those pathways. High as opposed to low-hope individuals are more likely to develop alternative pathways, especially when the goals are important and obstacles appear (Snyder, Simpson, Ybasco, Borders, Babyak & Higgins, 1996). However, irrespective of how the quality of the cognitive routing, the pathways thoughts are useless without the associated agency-inducting cognitions (Snyder, Michael & Cheavens, 1999). These agency thoughts are reflected in the positive “self-talk” that is exhibited by high-hope individuals (e.g. “I can do this” or “I will not give up”: Snyder, LaPointe, Crowson Jr & Early, 1998). High-hope people are sustained by their agency thinking when confronted with challenging situations or impediments. Thus high- more than low-hope individuals exhort themselves to “Take the next step” and progress. There is a growing consensus that a lack of perceived progress or the presentation of severe challenges in pursuit of important goals is related to a reduction in well-being.

1.10 Why are Levels of Hope important in Adolescence?

There are several notable reasons why an examination of the individual differences in pre-adolescent’s levels of hope is timely and warranted. Firstly, pre-adolescence and adolescence is a stage that requires considerable transition with a resulting sense of anticipation and reflection about identity and how an individual’s place within the family, peers and society. Coleman and Hagle (2007) suggest that one of the helpful ways of understanding adolescence is to envisage it as one of life’s major transitions in which a series of major psychological adjustments have to be negotiated, including shifts in relationships with family, teachers, peers and the wider world. This sense of transition is acutely experienced during the transition to secondary school when pupils enter Year 7. Erikson has argued that during childhood, children and pre-adolescents (7-13 years) are becoming more aware of themselves as individuals and concentrate on

competencies and being responsible, achieving things and can struggle with inferiority if their work is criticised. During adolescence, teenagers become more focused on issues relating to identity (identity crisis) and the roles they will play in the adult world and may experience some role confusion and mixed ideas about how they fit into society. An exploration of adolescents' goals and how they are going to achieve them and their underlying motivation therefore appears fundamental during such a period of change. Positive Psychology refers to providing adolescents with motivation to become socially acceptable and notable individuals, since many adolescents find themselves bored, indecisive and/or unmotivated (Kelley, 2004).

Secondly, there is increasing evidence that hope has a distinct construct from other positive psychology constructs such as goal theory (Covington, 2000), optimism (Scheier & Carver, 1985), self-efficacy (Bandura, 1982) and problem-solving (Heppner & Peterson, 1982). Whereas, other constructs crucially give differentially weighted emphases to the goal itself or to the future-oriented agency- or pathways-related processes, hope theory equally emphasises all the goal-pursuit components (Snyder, 1994).

Thirdly, adolescence is also a time for rapid cognitive development. Piaget describes adolescence as the stage of life in which the individual's thoughts start taking more of an abstract form and the egocentric thoughts decrease. This allows the individual to think and reason in a wider perspective. A combination of behavioural and MRI studies have demonstrated development of executive functions, that is, cognitive skills that enable the control and coordination of thoughts and behaviour, which are generally associated with the prefrontal cortex (Choudhury, Blakemore & Charman, 2006). The thoughts, ideas and concepts developed at this period of life greatly influence one's future life, playing a major role in character and personality formation (Kelley, 2004).

Finally, Snyder et al (2000) have convincingly argued that the goal focus, agentic thought, and pathways thought of hope theory can be used as a framework to understand the role of hope in bringing about change for individuals. They argue that finding the

hope that each person possesses is essential to building personal resources in preparation for the change process. This can occur in various phases of cognitive-behaviour therapies, including relapse prevention.

Limitations of Previous Research

There are multiple issues and limitations inherent in the existing literature that provide the impetus for the current research project and ensures that it provides vital contributions to existing knowledge. Firstly, due to the role of positive psychology within education being a developing area of research there has been a paucity of studies which have looked at children’s and adolescents’ strengths, such as hope levels for their well-being and development. Ciarrochi, Heaven and Davies (2007) state that “research among adolescence that assesses the longitudinal impact of hope on adjustment and school outcomes is rare”. The few longitudinal studies conducted to date, have tended to focus on college student’s hope levels on entry and leaving college. Very few studies have focused on individual differences in adolescent’s levels of hope on entry to secondary school in Year 7 and beyond.

Secondly, the limited number of existing studies have almost exclusively been conducted in the US, with an American sample population, which raises questions about the validity of the data for adolescents growing-up in the United Kingdom. Thirdly, previous studies have tended to adopt research designs that focus solely on quantitative data derived from simplistic measures and do not incorporate a mixed-method design to incorporate valuable qualitative data. An implication of this is that most researchers have used the Children’s Hope Scale to assess levels of hope. Whilst this is informative about the levels of hope that children report it does not provide an insight into the actual goals they identify. Studies have generally failed to include discussions about the actual nature of goals identified and whether these change at different developmental stages, according to levels of hope, gender or socio-economic background. Furthermore, in some studies which evaluate the effectiveness of an intervention programme, a control group has not been included. Fourthly, previous studies have considered the role of hope

for children’s well-being without any consideration of the adolescent’s happiness levels even though the argument has been convincingly made that individuals may continue to experience dissatisfactions and unhappiness even when successful behaviour changes have occurred during interventions. This in turn may have implications for the maintenance of intervention effects and the emergence of other behaviour problems (Parke, 2004). Fifthly, a limitation of the recommendations is that to date few empirical studies have been conducted to determine whether these interventions are effective over time, especially in secondary schools.

1.11 School-Based Interventions to Promote Levels of Hope.

Several advocates of the “Hope Theory” propose that all individuals inherently possess hope, although there is variability in terms of the levels displayed by different individuals compared to their peers (Snyder et al, 1991: Snyder, Hoza, Pelham, Rapoff, Ware, Danovsky, Hughbergger, Rubeinstein, & Stahl, 1997). Snyder (1994) states that research has revealed that children possess higher levels of hope than most adults. McDermott and Hastings (2000) argue that being rated as more hopeful in childhood does not guarantee that the younger generation will be more hopeful as adults. On the contrary, by adulthood, the cumulative challenges and problems faced may have diminished their hopes. They argue that teaching higher agency and pathways thinking in schools and in the home is a proactive approach to help adolescents acquire the necessary coping skills for the problems they may face during adolescence and later life. The skills contribute to core, self-referential, goal-directed thoughts which are key to high levels of hope and involved in making purposeful change to enhance positive psychological wellbeing. Snyder et al (1997) found that hope scores were positively correlated with children’s perceptions of athletic ability, physical appearance, social acceptance and scholastic competence, thereby suggesting that hope levels are related to children’s beliefs about their abilities to accomplish goals.

The underlying theoretical assumption in devising interventions is that levels of hope can be enhanced and learnt. Lopez, Snyder, Magyar-Moe, Edwards, Pedrotti, Janowski, Turner and Pressgrove (2004: cited in Linley & Joseph, 2004, p34) state that “hope finding”, “hope bonding”, “hope enhancing” and “hope reminding” are the essential strategies for accentuating hope. The researchers describe different stages as follows: “Hope finding” can strengthen an individual’s expectations that the therapist can and will help them. “Hope bonding” is the formation of a sound therapeutic alliance and grounds the client in a hopeful therapeutic context. Lopez et al (2004) postulate that therapists possessing high levels of hope may be better able to meet the important therapeutic goal of establishing an emotionally charged connection. Furthermore, they may also be better at collaborating on mutually agreed on goals by engaging in productive tasks. “Hope enhancing” strategies typically involve enlisting clients in tasks that are designed to (1) conceptualise reasonable goals more clearly (2) produce numerous pathways to attainment (3) summon the energy to maintain pursuit (4) reframe insurmountable obstacles as challenges to be overcome. “Hope reminding” is the promotion of effortful daily use of hopeful cognitions. Goal thoughts and barrier thoughts are identified as cognitive cues that stimulate client to incorporate therapeutic techniques that have previously enhanced hopeful thought.

There are an increasing number of researchers devoting their attention to developing hope-enhancing, goal-directed programmes, although this remains a new area of research with a very limited number of empirical investigations conducted to date. Existing studies primarily focus on college students or primary aged pupils rather than secondary school students. Notable exceptions include two studies which have used the “Raising Hope Intervention” in secondary schools (Pedrotti, Lopez & Krieschok, 2000; Marques, Lopez & Pais-Ribeiro, 2009). The following sections refer to studies involving primary school aged children and adults. These findings are reported to provide further insights and substantiate the potential importance of interventions designed to improve hope levels, but in any interpretation of the findings it should be noted that these do relate to a different developmental stage and are to a degree, peripheral in considering how they may relate to adolescence.

Interventions Designed to Raise Hope in Adolescents: There has been a paucity of programmes designed to raise hope levels in adolescents with the notable exception of the “Making Hope Happen” programme (Pedrotti et al, 2000), a programme developed for seventh graders to enhance hope through 5 45-minute sessions (there is also a primary-school version). Lopez et al (2004: Cited in Linley & Joseph, 2004), reported that during the study, assistance from classroom teachers allowed this version to be integrated into the regular school day as part of the family consumer sciences courses. Groups consisting of eight to twelve pupils were formed and each was facilitated by two graduate student leaders to take students through the hope model step-by-step. The programme integrates solution-focused, narrative and cognitive-behavioural techniques to help students to (1) conceptualise clear goals (2) produce numerous pathways to attainment (3) summon the mental energy to maintain goals pursuits (4) reframe seemingly insurmountable obstacles as challenges to be overcome (this will be explained in detail in the next section). Pre and post-assessment measures using the Child Hope Scale (Synder et al, 1997) revealed that participants in the intervention group reported higher levels of hope compared to the control group who had not taken part in the intervention group. The researchers stated that the program appeared to enhance hope levels in these adolescents. In a follow-up study, the higher hope levels were maintained after six months, pointing to the robustness of the intervention even after it had concluded. There are several points that must be taken into consideration in interpreting the findings and suggest that they can only be regarded as preliminary. Firstly, the descriptive statistics are not presented so it is difficult to examine average hope levels recorded at pre-and post-intervention. Furthermore, the sizes of the individual groups were reported but not the overall sample size. Secondly, the study relied solely on quantitative measures and did not include a qualitative component to gain a richer picture of adolescent’s hope levels. Thirdly, the study took place in the United States and it is not clear if the findings are relevant to students living in other countries.

Marques, Lopez and Pais-Ribeiro (2009) investigated the effectiveness of the Raising Hope Programme to enhance levels of hope, life satisfaction, self-worth, mental health

and academic achievement in 28 Caucasian, middle school students in Portugal (mean age = 10.9; range 10-12 years) compared to a control group (n = 26). A strength of the study was that it also included teachers and parents who participated in a weekly intervention group. Examples of personal goals that participants selected were increased performance in school subjects, improving interpersonal relationships and involvement in extra-curricular activities. Findings revealed that there was a significant improvement in levels of children’s hope, life satisfaction and self-worth, both immediately post-intervention and also at 18-months follow-up. While there was a trend in the predicted direction, children’s scores for mental health and academic achievement did not significantly improve after taking part in the intervention. The researchers called for future studies to examine whether hope levels predicted academic achievement in adolescents over time as there has been inconsistent findings regarding the longitudinal role played by levels of hope for academic achievement in secondary school (middle-school pupils) compared to findings from college students. A limitation of the study is that the sample population is a small, Caucasian, disproportionally female sample.

Studies Designed to Raise Hope in Primary-aged Children: One of the first interventions to raise hope levels took place in the United States involving young children in primary school. McDermott, Gariglietti, Hastings, Gingerich & Callahan (1996) developed a story-telling, whole-class approach for increasing hope. Children from disadvantaged backgrounds in the first and second grades were selected to participate in the “First Hope” intervention. The intervention consisted of presenting basic information about hope, such as goal-setting, problem-solving and perseverance in efforts to reach a goal. The next step was to read short stories about high-hope children that illustrated the components of hopeful thinking. The stories became the catalysts for discussions about the ways the students used hope in their own lives, as well as provided protagonists with whom children could identify. The training lasted 30 minutes, once a week for eight weeks. Modest gains in hope scores were achieved for all groups undergoing the story training. Teachers’ post-test ratings using an observational Hope Scale format were significantly higher than their pre-test ratings, indicating their perceived improvement in their students’ hopeful thinking. The comparison group of

children however reported no changes in their hopes from the beginning to the end of the 8-week period. These results showed promise for teaching hope in the classroom. The researchers conclude though that an 8-week session was not long enough to instil high hope levels.

Intervention studies designed to raise hope in adults: Green et al (2006) used a life coaching programme to significantly enhance goal striving, hope and well-being in a non-clinic sample of 56 adults (age range 18-60 years). Improvements were maintained up to 30 weeks later on some variables. The programme utilised a cognitive-behavioural component to examine participants’ self talk to improve their agentic thoughts and solution-focused techniques to determine possible routes to their goals, thus increasing pathways thinking. Hope theory was used to explain the positive outcomes. A limitation of this study was that it was reliant on self-report measures and an issue of particular relevance in ratings of well-being or happiness is social desirability and a possible tendency to respond positively to test items. Cheavens, Gum, Feldman, Michael and Snyder (2001) implemented an 8-session intervention group with college-aged distressed adults and found it was successful in reducing depressive and anxious symptoms and increasing hope. An intervention focused on developing goal setting and planning skills showed significant increases in adult subjective well-being (MacLeod, Coates & Hetherton, 2007). Klausner, Snyder and Cheavens (2000) conducted a hope-based intervention focusing on goal-setting and increased production of pathways and agency through actual work on reasonable goals, discussion of the process and weekly assignments for depressed older adults. The findings revealed hopelessness, anxiety and depressive symptoms decreased significantly, whereas state hope increased reliably.

In summary, the afore-mentioned studies have provided promising preliminary findings which suggest that interventions designed to increase strengths, such as their levels of hope can be effective. However, future studies are required to investigate further effectiveness of the modified version of the “Raising Hope Programme”, especially in a sample population of students in the United Kingdom who have recently experienced the transition to secondary school.

Applying Hope Theory - Programme and Techniques to Foster Hope Levels.

The following sections will provide a more detailed description of the Raising Hope Programme. It is conducted in a group setting because it has been theorised that hopeful thinking reflects a transactional process (Snyder et al, 1997). The programme is based on the Hope Theory (Synder, 1994) and applied work (Lopez, Bouwkamp, Edwards & Teramoto Pedrotti, 2000: Snyder, McDermott, Cook & Rapoff, 2002a: McDermott, Hastings, Gariglietti, Gingerich, Callahan & Diamond, 1997). It integrates solution-focused, narrative and cognitive-behavioural techniques. It offers psycho-educational, skills training and group processes components and includes structured activities, role playing and guided discussion.

Lopez et al (2004) reported that the Raising Hope Programme sessions were designed to explain the Hope Model to students step-by step. During the first session, students were taught about the model in general, through the use of posters and cartoons. Two narratives depicting characters with high hope were also read. Group discussions about the character’s hope components followed and students are placed in partnerships called “Hope Buddies”, to help students work with a peer to talk about their future goals. Students identified goals they would work on during the remaining sessions. All goals were treated as equally important and an emphasis was placed on the process as opposed to actual achievement. During Week 2, the tenets were re-emphasised using narratives and exercises. Students were taught G-power, where each letter of the acronym reminds them of various components of the Hope Model and emphasises the goal seeking process. Each letter was accompanied by a question to help students through the process. During the third week, the hope model was reinforced using a board game (The Hope Game) and in fourth week, students focused on their individual goals and the concept of “Hope Talk” was introduced, where it was explained that statements an

individual tells themselves about goals often influences their goal pursuit. Students then identified hopeful or unhelpful questions. Finally, the students wrote their “Personal Hope Story, which they read to the group during the fifth and final session.

Marques et al (2009) report using the following sessions in their study: The first session “Learning About Hope” was dedicated to the introduction of hope theory and its relevance to the change process and to positive outcomes. For the second session “Structuring Hope” participants were encouraged to learn how to recognise goals, pathways and agency components of hope and to identify personal goals they could work with over the next four weeks. The third session “Creating Positive and Specific Goals” was dedicated to practicing the model, talking about hope and goals, refining personal workable goals in order to be more specific and positive and finally, by creating multiple pathways identifying agency thoughts for each goals. The fourth session “Practice Makes Perfect” was spent learning to identify and create “hopeful talk”, the hope model was reinforced and personal workable goals were reviewed and introduced in a personal hope story. In the fifth session “Review and Apply for the Future” participants were encouraged to review and share personal hope stories and to plan future steps. Each session started with a 10-min segment dedicated to modelling and developing enthusiasm for the program and to reinforce ideas learned in the previous session.

Recent programmes that have effectively promoted hope levels in adolescence and adulthood have used varying cognitive behaviour therapy techniques, solution-focused strategies and narrative techniques (Green et al, 2006: Marquis et al, 2009). Snyder, Lopez et al (2003) aggregate their recommended techniques for raising hope levels into three categories – setting goals, developing pathways and enhancing agency which will be discussed in the following sections.

Setting Goals - In hope theory, goals are the targets of mental action-sequences and they anchor purposeful behaviour. Snyder et al (2003) argue that the foundation of imparting hope involves enabling students to set appropriate goals determined by their

developmental stage and specific circumstances. A goal is anything that an individual desires to be, get, experience or create. It can be extremely large or small and vary in attainment probability (Snyder et al, 2002). Individual differences occur between individuals in their ability to generate goals and pre-adolescence, has been identified as a developmental stage when pupils may benefit from support in this area. Researchers have suggested ways that school counsellor's can foster this (Pedrotti, Edwards & Lopez, 2008: Snyder et al, 2002). Hope theorists (Snyder et al, 2002: Snyder et al, 2003) advocate using certain techniques with regards to goal-setting which will be outlined in the following paragraphs.

Students are helped to set goals that are very specific and concrete with clear indicators that denote progress and success. They argue that a frequent but counter-productive aim is when goals are vague (“I want to get good grades”) or abstract rather than specific and concrete (I am going to spend on hour every evening studying for the biology exam). Another technique towards effective goals setting is to encourage students to adopt more productive “Approach Goals” where students move positively towards achieving them, which contrasts with “Avoidance Goals”, where students try to prevent something happening (Snyder et al, 2000). Snyder et al (2002) reported that high-hope students are more likely to use approach goals in their lives, whereas low-hope students are attracted to avoidance goals. High-hope individuals also appear to be interested in other people's goals along with their own. Thus, there is an advantage in taking part in group interventions which reinforce the notion of peers supporting one another to elucidate their specific and positive goals. Another technique is eliciting and giving regular feedback about emotions, cognitions and behaviours related to the pursuit of goals.

Finally, the most common strategy for enhancing pathways thinking is to help students to break down large goals into smaller subgoals (Snyder et al, 2003). The idea of “stepping” is to take a long-range goal and separate it into steps that are undertaken in a logical, one-at-a-time sequence. Researchers state that low-hope students have the greatest difficulty in making sub-goals and often hold inaccurate beliefs that goals are undertaken “all at once”. Snyder (1994) reported that individuals with higher levels of

trait hope, as measured using the hope scale, systematically tended to break down difficult and sizeable goals into simpler sub-goals. Several reasons may account for this, which will be discussed in the following paragraph. Before doing so, it is important to define that trait or global hope refers to an individual’s overall evaluation of their ability to construct sufficient pathways and generate the agency thoughts necessary to achieve goals (Snyder et al, 2002).

Firstly, individuals with higher levels of trait hope may have a greater ability to problem-solve, which enables them to identify and prioritise the different substages involved in completing tasks. Chang (1998) reported that high-hope as opposed to low-hope college students have greater problem-solving abilities and they use fewer disengagement strategies when dealing with stressful academic situations. Secondly, individuals with higher levels of trait hope may also use feedback from less successful experiences to enhance their future performance, which may involve improving their ability to identify alternative sub-steps, rather than abandoning activities. Research has indicated that low-hope individuals often fail to derive benefit from previous failures, which just leads to increased self-doubt (Michael, 2000). Thirdly, students with higher levels of trait hope may also be better able to recognise their strengths and utilise different ones at different sub-stages. Bernard (2008) identified a number of strengths, such as persistence, creativity and love of learning. High-hope individuals may display higher levels of persistence to complete each sub-stage perhaps because prudence helps them recognize the importance of each towards the completion of the task.

Fourthly, higher trait students may derive greater satisfaction from completing each sub-stage, thus recognising the merits of the process rather than just the final outcome of achieving something. Taylor, Feldman, Saunders and Ilardi, (2000) state that according to Hope Theory, as sub-goals are achieved and individuals move towards more significant goals, their agentic and pathways thoughts are bolstered correspondingly. Therefore, Hope Theory advocates that individuals use goals as therapeutic anchor points, but also for motivation. Finally, high-trait individuals may be better able to identify sub-steps because they actively seek or other family or non-family members

volunteer to help them with each stage. Merkas and Brajsa-Zganec (2011) compared 298 pre-adolescent’s outcomes on measures of hope, life satisfaction, self-esteem, family cohesion, and perceived social support. Pre-adolescents with high hope were more satisfied with their life and had higher self-esteem compared to those with low hope. Additionally, those with high hope reported greater support from others and higher level of family cohesion.

In summary, a goal is anything that an individual desires to be, get, experience or create. It can be extremely large or small and vary in attainment probability. Individual differences occur between individuals in their ability to generate goals and pre-adolescence, has been identified as a developmental stage when pupils may benefit from support in this area. Various techniques have been delineated to foster effective goal-setting which includes setting positive, specific and Approach goals, that are achieved using stepping techniques, to identify important subgoals, whose attainment leads to increased agency thinking, motivation and hope.

Fostering Students’ Pathways Thinking

Snyder (1994) defines pathways thinking as:

“a cognitive sense of being able to generate routes to an envisaged goal (p535).

Several strategies that have been identified to overcome issues that can lead to depleted pathways thinking, including “stepping” goals into sub-goals, identifying multiple and effective pathways, and adopting positive attributions are important for determining individual differences in levels of hope (Snyder et al, 2003: Taylor et al, 2000). Taylor et al (2000) argue that cognitive-behaviour therapy is particularly appropriate for the individual who has depleted pathways thinking because there are practice homework assignments, encouragement to try new pathways and specific support to identify and provide feedback about different strategies. They argue that the use of self-monitoring and modifications of cognitive distortions, are particularly important in the generation of pathways thinking and therefore, central to hope theory. The aim of self-monitoring is to

allow individuals to become more aware of their thoughts and behaviours. With the support of the therapist, the individual can analyze and evaluate the usefulness of particular behaviours or thoughts. If effective, they can be reinforced and if not they can be altered or abandoned. This process is fundamental to the creation of viable pathways in hope theory. High-hope individuals appear skilled at recognising and retaining effective pathways and discarding those that not lead to goal attainment (Snyder et al, 1991).

In previous studies, researchers have shown that high-hope individuals are not only able to pursue the most appropriate pathways, but also generate a greater number of pathways to a specific goal (Snyder et al, 1991). Obstacles to achieving goals frequently occur in life and the inability to think of alternative pathways to achieve those goals may cause students to become dejected and give up trying or possibly lead to them dropping out of school (Synder et al, 2003). Thus, they advocate specifically teaching students to have several routes to their desired goals – planned in advance of embarking on achieving their goals.

Another technique that may affect the generation of pathways thinking is cognitive distortions or faulty thinking. Beck (1976) described cognitive distortions as a pattern consistent and negatively biased thinking errors. Common examples are presented in table 1. They are posited to reinforce negative “automatic thoughts” or underlying core beliefs which individual may be unaware of but can learn to identify (Rait et al, 2010). Hope Theory and CBT advocate that individuals can apply distorted thinking patterns to their goal-setting and pathways generation process. In the context of Hope Theory, it is necessary to address and modify such negative cognitive distortions in order to facilitate appropriate pathways brainstorming. Daily diaries or fact sheets can be used to record and bring Faulty Thinking Styles into more conscious thought and identify which ones are reinforcing negative thoughts, feelings or behaviours and possibly underlying core beliefs. Snyder et al (2003) argue that individuals with low-hope internal talk should be taught to dispute and reframe it with more realistic, positive and hopeful thoughts. Graham (2005) states that CBT proposes that individual’s feel and behave the way they

do because of what they think. Therefore, it is necessary to change or modify these thoughts if emotional health is to be maintained.

Table 1: Cognitive Distortions (CT) – Faulty Thinking Styles

Cognitive distortions	Explanation of Cognitive Distortion
Personalisation	Individual takes responsibility for events that are out of their control.
Dichotomous thinking	A fixed polarised or absolute view is stated.
Overgeneralisation	Individual maximises the negative and minimises the positive from limited information.
Disqualifying the positives	Refusing to accept positive experiences or positive qualities
Catastrophising	Unrealistic negative predictions about the future
Imperatives	“Should” and “Must” statements

High-hope individuals maintain a high-degree of cognitive flexibility and make fewer negative cognitive distortions (Snyder et al, 1998). Taylor et al (2000) note that high-hope persons do not totally lack cognitive distortions. They state that they tend to embrace slightly positive illusions, demonstrating elevated optimism and a somewhat overstated sense of control when faced with adversity. These positive thoughts about the self and the future are mediated by reality constraints, but they are adaptive in that they relate to the person’s improved coping (particularly determination or persistence), continued goal engagement and increased hope.

Finally, attributions are also thought to be crucial for the production of future pathways as well as for the maintenance of agency. Synder et al (2003) propose that instead of attributing a blockage to a lack of talent, students should view it as providing information that a particular pathway does not work – thereby helping them to search productively for another route that may work. However, the exact role that attributions play as a potential mediating role in accounting for individual differences in levels of hope remains relatively unexplored and requires further investigation. Further longitudinal research is required to consider which cognitive-behavioural techniques can be effectively used to contribute to the sustained improvement in adolescent’s levels of hope scores.

Fostering Students’ Agency Thinking

Individual’s levels of motivation are an integral part of agentic thinking and act as the willpower for individuals to make purposeful change and enhance their psychological functioning (Joseph & Linley, 2006). Taylor et al (2000) argue that agency thinking can be enhanced in two ways, either directly in therapy or from increased pathways thinking. They postulate that both are required for goal attainment and increased levels of hope.

Snyder et al (2003) argue that self-selected, internalised goals that stretch or challenge students are more likely to increase agency thinking motivate them than external standards. Although it appears obvious, ensuring that students consider goals to be important and are not just imposed on them by peers, parents or teachers is vitally important. Research has revealed that the pleasure in meeting externally derived goals is very fleeting (Sheldon & Elliott, 1999). Furthermore, when students lack personal goals that fill their needs, their intrinsic motivations and performances are undermined. Prochaska and Di Clemente (1982) developed a model for examining how individuals perceive change in their lives, which is likely to be linked to their motivational levels. The pre-contemplative stage reflects that the adolescent has no desire to change and does not consciously recognise there is an issue. The second stage, the contemplative stage is where adolescents are willing to explore whether change is desirable. Using the concepts of hope and optimism here can be crucial towards getting a commitment to change. In the action stage, the adolescent takes steps towards change, including setting goals and looking for pathways and agency thoughts. Regrettably not all action will be met with success, but the continued belief in the core concepts of hope and optimism will further buffer against non-success. Finally, in the maintenance phase, children attempt to consolidate the changes they have made and involve a review of future goals to build on previous success.

Taylor et al (2000) argue that in the context of Hope Theory a convincing presentation by a therapist or facilitator of the treatment rationale during the first therapy session

increases the client’s sense of agency in several ways. Firstly, if the therapist rationale inspires the individual’s confidence about the benefits of therapy, then the agentic thoughts that led the individual to seek help are reinforced. Secondly, the recalling of past successes is important for regenerating agency thoughts. Thirdly, a collaborative working relationship with the offer of support provides a safe environment for developing and sustaining goal-directed energies. Finally, as specific pathways are discussed, the individual is able to envision future pathways and increase agency thinking.

The emphasis in CBT on techniques, such as reframing, hope talk, hypothesis testing, reality testing and self-monitoring to identify cognitive distortions, automatic thoughts and misattributions directly enhances agency (Taylor et al, 2000). Conversely, negative self-schema and incorrect internal attributions about mistakes and failure, which are characteristic of low hope-persons, are implicated in decreased agency (Snyder et al, 1998). Solution-focused therapies that focus on strengths and resources are helpful towards enabling an adolescent to visualise their ideal world (Miracle world) to identify their future hopes and by reflecting on successful past experiences that will enable them to recognise that if they have achieved something before, then they can repeat the success given their knowledge, personal characteristics and experience. Finally, hope theorists emphasise the importance of regular feedback, both about the components and the overall levels of hope to raise agency levels (Taylor et al, 2000).

Stories or narratives whether fictional, factual or personal accounts of events can also be used to develop children’s and adolescents’ hope levels (McDermott et al, 2000). Snyder et al (2003) state that adolescents often draw on their own memories of positive experiences to keep them buoyant during difficult times. Students tell their own uplifting stories, or they create their own positive personal narratives. They postulate that in contrast to high-hope adolescents, low-hope adolescents may not have a base of positive memories to sustain them. They argue that helping adolescents to develop their own narratives, such as exploring their own experiences, telling them stories and providing them with books listed by specific hope-related topics is important. Narrative

therapists believe that stories represent a primary means for conveying the manner in which people make sense of intentional actions in time (Giddens, 1991). These constructed stories represent the basic way of understanding life and of integrating the past, present and future. In helping adolescents to develop higher hope, narratives can play several valuable roles. Adolescents can write about future events describing a goal they have set, the routes they may take, potential problems they may encounter, and the way they would feel in working for the goal. Such a narrative is a rehearsal for the event to come, and as such, is a way of anticipating problems and discovering solutions without actually experiencing them.

1.12 The Levels of Hope and Well-being.

In the last decade interest in individual differences in levels of hope has intensified and the increasing number of studies examining the correlates of hopeful thinking for children, adolescents and adults has provided some promising findings which demonstrate links between hopeful thinking and elements of subjective and psychological well-being (Green et al, 2006). Hope Theory states that the unimpeded pursuit of one’s desired goals results in positive emotions and well-being (Snyder, Rand & Signon, 2002). Furthermore, research has shown that adolescents with higher hope levels do better in school and athletics, have better health, problem-solving skills and are more psychologically adjusted (Snyder, 2002). In any review or interpretation of findings derived from correlational analyses, it is important to note the issue of causality remains a pertinent one and makes it difficult to disentangle whether individual differences in hope levels acted as precursors or antecedents. The following sections refer to findings from studies of individuals in childhood and adulthood, but primarily focus on the limited number of studies focusing on the correlates of adolescents hope levels.

Research among adolescents that assesses the longitudinal impact of hope on adjustment and school outcomes is rare (Ciarrochi et al, 2007). Few studies have focused on early

adolescence but promising findings have emerged from the limited number of studies conducted to date. Valle, Huebner and Suldo (2006) found in a longitudinal study among high school students that hope at Time 1 was positively correlated with life satisfaction assessed over one year and negatively associated with stressful life events and internalising/externalising behaviours. They also found that stressful life events predicted internalising behaviours and low life satisfaction, with this effect strongest among low hope individuals. Higher hope levels have also been positively correlated with social competence (Barnum, Snyder, Rapoff, Mani & Thompson, 1998). Correlational findings indicate that a child’s higher hopeful thinking is positively associated with perceived competence and self-esteem, and negatively associated with symptoms of depression (Snyder et al, 1997). Researchers have reported that lower hope predicts more depressive symptoms (Kwon, 2000).

Snyder et al (2003) postulate that when hopeful thinking is inhibited, interpersonal struggles may result and interpersonal problems of others can translate into lowered hope for children. It has been reported that ruminations block adaptive goal-related thinking and caused increased aggression and frustration towards others (Snyder, 2000). Individuals with high hope typically are more optimistic: they focus on success rather than failure when pursuing goals (Snyder et al, 1997) they develop many life goals and they perceive themselves as being capable of solving problems that may arise (Snyder, et al, 1997). Furthermore, research suggests that higher hope is linked closely to having greater perceived purpose in life (Feldman & Snyder, 2007). Higher levels of hope are also related to greater levels of creativity (Onwuegbuzie, 1999) and problem-solving abilities (Lopez, Bouwkamp, Edwards & Teramoto Pedrotti, 2000). Not surprisingly, therefore, high-hope students have reported significantly greater academic and interpersonal satisfaction than their low-hope counterparts (Chang, 1998). Snyder et al (2006) convincingly argue the merits of instilling hope in academically at-risk students. Snyder et al (2003) stated that:

“Hopeful thinking can empower and guide a lifetime of learning”.

Several possible mediating factors and processes have been proposed to account for the links between hope and well-being. Snyder et al (2006) state that the combination of the three cognitive components of goals, pathways and agency not only directly impacts on academic achievements, but also contributes to positive emotions. Abilities to retain high levels of positive affect enable high- relative to low-hope students to persevere longer and to expend more effort on challenging tasks. Believing that they inevitably will succeed, high-hope students remain more focused are not side-tracked by goal-blocking thoughts of failure and do not denigrate their ability when they “fail” or let it affect their long-term self-worth (Snyder, 1999). Accordingly, they experience less general anxiety. High-hope students make the adaptive attributions that the “failure” feedback merely means that they did not try hard enough in a given instance, or that they did not identify the correct studying or test taking strategies. The emphasis on strategies and effort attributions may explain in part, why hope is not significantly related to native intelligence (Snyder et al, 2002a), but instead is related consistently to academic achievement (even when correcting for perceived self-worth and ability). Conversely, low hope individual are prone to self-doubt and negative ruminations that interfere with attending to the appropriate cues for both inputting (studying) and outputting information (Snyder, 1999).

1.13 Section 3: Possible Mediating Factors – Attributions Styles

The present study is interested in the impact of various forms of positive thinking and focuses on three variables, namely hope but also the relationship with attributional styles for subjective well-being. These were selected for two reasons. Firstly, attributional styles have long been examined as predictors of emotional well-being and academic performance. Secondly, they appear to capture different aspects of thinking styles. Hope reflects individual’s evaluations of the extent to which they can achieve their goals (Snyder et al, 2002), attributional style reflects individual’s evaluations of the causes of positive and negative events in their life (Peterson & Barrett, 1987). Hope theory

emphasizes future expectations (ie goal setting), whereas, attributional style focuses on how the past is explained (Snyder et al, 2002). It may be that attributions acts as the mediators between hope and well-being.

Attribution Styles

Attributional or explanatory style refers to an individual’s habitual way of explaining the causes of positive and negative events in their life (Peterson & Steen, 2002). It is proposed that expectancies for the future derive from individual’s views of the causes for past events (Peterson & Seligman, 1984; Seligman, 1991). Attributions have been known to vary greatly and possibly according to whether they are stable/unstable, internal/external, global/specific (Abramson, Seligman & Teasdale, 1978). If explanations for past failures emphasize causes that are stable, which are seen as relatively permanent and unlikely to change, then attributions are likely to continue to be negative and predict poor/negative outcomes. Conversely, if attributions for past failures emphasise that causes are unstable, then the outlook for the future may be brighter, because the cause may no longer be in force. Furthermore, a negative or depressive attributional style, is characterised by a tendency to attribute negative or unwelcome events to a characteristic of the individual (internal), while also attributing positive events to external causes such as good fortune (Abramson et al, 1978). If explanations for past failures are global (apply across aspects of life), then the expectancy for the future across many domains will be negative, because causal forces are at work everywhere. If the explanations are specific, the outlook for other areas of life may be brighter, because the causes do not apply.

Attributional styles have significant implications for an individual’s behaviour (Ciarrochi et al, 2007) and have long been examined as predictors of emotional well-being and academic performance (Baumeister, Campbell, Krueger & Vohs, 2003; Peterson et al, 2002). It is well established that a positive attributional style is related to elevated academic achievement and indices of positive adjustment (Peterson et al, 2002; Glasgow, Dornbusch, Troyer, Steinberg & Ritter, 1997). A negative explanatory style

has been consistently correlated with a wide range of negative social and emotional outcomes including depression (Peterson et al, 1984), loneliness and social anxiety (Crick & Ladd, 1993) and peer-rejected socio-economic status (Toner & Munro, 1996). Toner and Munro (1996) reported that young adolescents who had been rejected by their peers were more likely to attribute that rejection to stable causes, thereby increasing the child’s expectation of future rejection. Toner and Heaven (2005) found that a negative attributional style for peer-related events was significantly predictive of self-reported feelings of victimisation, loneliness and depression two years later. Stevens and Prinstein (2005) found that, not only was Time 1 attributional style predictive of Time 2 depression 11 months later, but having a depressive friend explained unique additional variance. Thus, peer influences were found to exacerbate the effects of explanatory style on depression. In a study spanning 5 years, Nolen-Hoeksema, Girgus and Seligman (1992) found that explanatory style was predictive of later depression, but that these effects only became more pronounced in the later stages of the study. While the aforementioned studies provide valuable insights into the predictive role that attributions play for psychological well-being, future studies are required to examine their relationship with levels of hope to examine if it contributes to explaining adolescent well-being. Furthermore, few studies have taken place which have examined whether it is possible to improve attribution style once it has been expected.

1.14 Conclusion

The chapter has identified the importance of promoting levels of well-being in adolescence. It has underscored the contribution that Positive Psychology offers as a theoretical framework for identifying new psychological constructs, such as levels of hope as possible mediates or correlates for student’s levels of subjective well-being. This chapter has critically reviewed the Raising Hope Programme, based upon Hope Theory (Snyder, 1994) and incorporating aspects of CBT, solution-focused techniques and narratives, which has provided some promising preliminary findings regarding enhancing students’ levels of hope. The role that attributions may also play in raising hope has been discussed. The Raising Hope Programme has provided some promising preliminary findings regarding enhancing adolescent’s levels of hope. However, little

research has been carried out with adolescents and none using the programme in the UK. The focus of this research was to examine the programme’s effectiveness in raising hope levels in a sample of students from a mainstream school in the United Kingdom.

1.15 Research Aims and Questions:

Research questions addressed in the research thesis are detailed below. The research employed a longitudinal design which involved a pre-intervention assessment (Time 1), a post-assessment immediately after the intervention concluded (Time 2) and longitudinal evaluation several months later (Time 3):

Section 1: An Investigation of the Effectiveness of the modified “Raising Hope Programme”.

- **RQ1:** Is there an improvement over time in participants’ hope after taking part in the Raising Hope Intervention?
- **RQ2:** Is there an improvement over time in participants’ pathways thinking compared to the comparison group?
- **RQ3:** Is there an improvement over time in participants’ agency thinking compared to the comparison group?
- **RQ4:** Is there an improvement over time in participants’ ability to identify: positive and specific goals: barriers: strategies and achieve goals?
- **RQ5** Would participants over time recommend participation in the modified Raising Hope Programme to other students?

Section 2: The Nature of Students’ Well-being and Relationship with Hope Levels.

- **RQ6** Is there improvement over time in participants’ levels of well-being?
- **RQ7:** Is there an association over time in participants’ levels of hope and well-being?

Section 3: The Nature of Students’ Attributions and Relationship with Hope Levels.

- **RQ8:** Is there an improvement over time in participants’ attribution levels?
 - **RQ9** Is there an association over time between participants’ levels of hope and attributions?
-

Chapter 2

Methodology

2.1 Overview of the Chapter

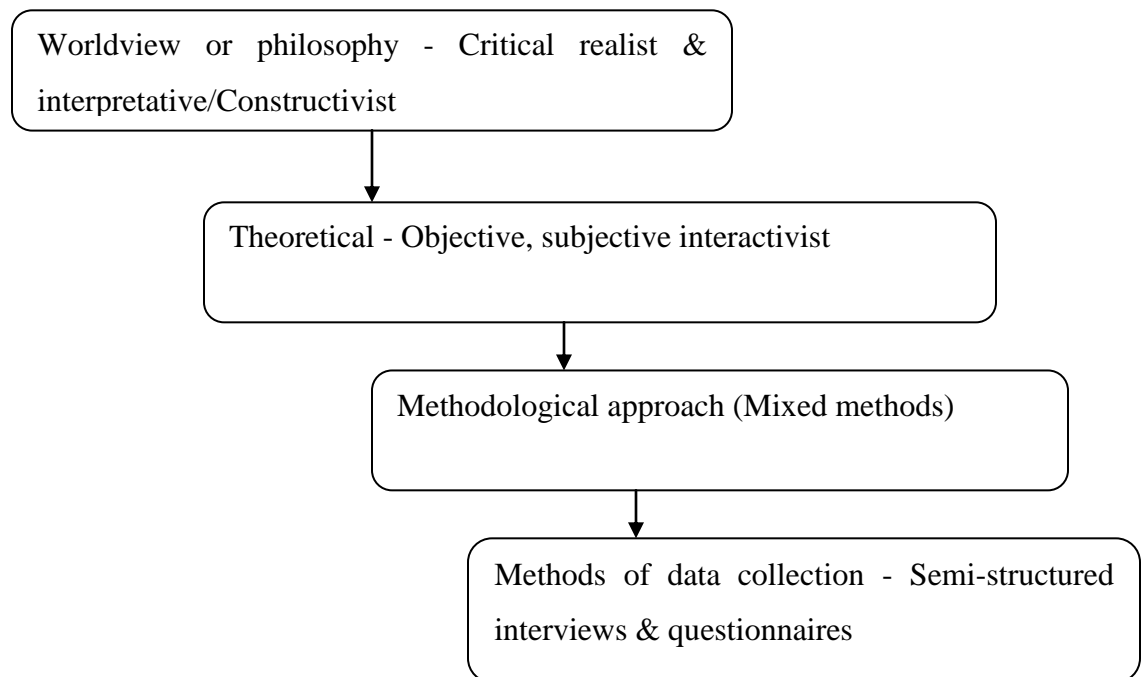
This chapter provides an outline of the epistemological and methodological framework of the research project. The epistemological position of the researcher is introduced to explain the assumptions underpinning this research. The methodological approach that was adopted for the research is then presented. This will involve a description of the mixed method design adopted, the quantitative and qualitative methods used in the research from data collection to data analysis. Ethical issues inherent in the research project are discussed and addressed.

2.2 Epistemological and Methodological Framework from a Research Critical Realist Position.

The underlying epistemology and philosophical theory guiding this research project is critical realism (CR) which refers to any position that maintains there exists an objectively knowable, mind-independent reality, whilst acknowledging the roles of perception and cognition (Bhasker, 1978). This paradigm emerged from a critique of Positivism and Hermeneutics. The critical realist philosophical ontology states that something is *real* if it is *causally efficacious*. Reality consists of three different layers: empirical (observable by human beings), actual (existing in time and space), and real (transfactual and more enduring than our perception of it). Thus, social phenomena emerge from the deep underlying real structures, become actual and then empirical. However, human understanding goes in the opposite direction (from empirical to actual and then to real), which makes understanding social phenomena a very difficult task.

Critical realists believe that all research is value based and often adopt both a positivist and interpretive stance leading to the use of a combination of quantitative and qualitative methods (Avramidis & Smith, 1999). This paradigm allows for a co-construction of meaning and empowers the participants by describing their experiences in their own words. The researcher is sensitised to their own biases, stereotypes and expectations thus facilitating personal and professional growth (Alexander, 2006). In accordance with the critical realist’s acknowledgement of the role of perception and cognition (Bhasker, 1978), the current study employs thematic analysis to explore adolescents’ personal perceptions and personal hopes. More specifically, the study will consider the types of goals the adolescent’s construct, their pathway thinking to achieve goals and overcome obstacles and the agentic thinking used as a source of motivation. The model for the Philosophy, Epistemological, Methodological and Data Collection for this research.

Figure 2.1 Model of the Philosophy, Epistemological, Methodological & Data Collection.



Adapted from Crotty M. *The foundations of social research: Meaning and perspective in the research process*. London: Sage, 1998.

Mixed-Methodology – Quantitative and Qualitative Research Paradigm.

This study used mixed-methods to examine whether Year 7 adolescent’s levels of hope were significantly greater following their participation in the “Raising Hope Programme” compared to a comparison group of Year 7 participants who did not take part. The longitudinal design involved a pre-intervention assessment (Time 1) involving quantitative analyses (questionnaire data), an immediate post-intervention evaluation (Time 2) involving quantitative and qualitative data and finally, a long-term evaluation (Time 3) involving quantitative and qualitative data collection and analyses. The principal research method is quantitative with the qualitative data used to further explore the findings and provide richer account. The intervention is informed by the theoretical model advocated by Snyder (1994) which advocated a three tier model relating to pathways and processes involved in exploring hope. In accordance with this, the research employs a deductive method.

The research thesis employed a mixed-method design which has been defined as the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language in a single study (Burke Johnson & Onwuegbuzie, 2004). They state that the strengths of a mixed-methods research design are as follows: It can incorporate strengths from quantitative and qualitative design. The major characteristics of traditional quantitative research are a focus on deductive, confirmation, theory/hypothesis testing, explanation, prediction, standardising data collection and statistical analysis. The major characteristics of traditional qualitative research are induction, discovery, exploration, theory/hypothesis generation, researcher as primary “instrument” of data collection and qualitative analyses. A mixed-methods design can answer a broader range of research questions because the researcher is not confined to a single method or approach. A researcher can use the strengths of a secondary method to overcome the weaknesses in the principal method. This adds insights and understanding that might be missed when only a single method is used. Quantitative and qualitative research used together produce more complete knowledge necessary to inform theory and practice.

The noted weaknesses in mixed methods research are that it can be difficult for a single researcher to conduct both quantitative and qualitative, especially if used concurrently. Some methodological purists argue one should only use one method as some details of the mixed-design remain to be worked out fully (problems of paradigm mixing, how to qualitatively analyse quantitative data and how to interpret conflicting data). In addition, mixed methods research can be more expensive and time-consuming. Burke Johnson et al (2004) advocate a mixed-method research process which comprises of eight steps which provided the guidance for adopting the design in the current study: (1) determine the research question (2) determine whether a mixed method design is appropriate (3) select the mixed-method or mixed-model research design (4) collect the data (5) analyse the data (6) interpret the data (7) legitimate the data (8) draw conclusions and write the report/thesis.

This research adopted a multi-method approach in accordance with the critical realist stance that purports that human experience is observable, quantifiable and can be subjected to empirical quantitative research methods. Coolican (2009) has convincingly argued that when investigating human cognitions and behaviour it is best to include triangulation which incorporates a variety of data collection methods. Yardley’s (2000) provides four broad criteria that are important to include or refer to when conducting “good” qualitative research. Firstly, the researcher argues that the research should demonstrate “Sensitivity to context” and refer to the ethics involve in conducting the research, the voice of the child, if appropriate and locate the study within the context (socio-economic, politically) and theoretical framework. Secondly, “Commitment and rigour” refer to engagement, a discussion of the epistemological position of the researcher, methodological skill and depth of analysis. Thirdly, “Transparency” refers to the power of the argument, fit method and theory and reflexivity. Finally, “Impact and importance” relates to theory, practical factors, possible avenues to investigate further and inherent limitations.

Real World Research and the Role of Practitioner-researcher.

The research project was conducted within the realm of participatory real world action research (Robson, 2002). The main aim of such research is to develop an approach that can illuminate practice through direct experience with individuals in specific contexts where the “real life” situations occur, for examples in schools (Robson, 2002). The practitioner-researcher role brought about crucial considerations of the implications of each of the two roles and of the boundary between research and practice. It could be argued that there is a moral and ethical dilemma in such research as the researcher-practitioner may have vested interests in the research at hand or in some way impact upon or bias the findings. The researcher was aware that they could actively construct the selection, collection and interpretation of data.

Research Design

Participants

Data for this research came from 42 pupils attending a mainstream secondary school. Twenty-one participants took part in the “Raising Hope” Intervention Group in five separate groups. There were 21 participants in the control group (originally there were 46 participants in this research, but there was incomplete data for four students). Refer to table 1, 2, 3 for details of these.

Table 2: Number of Participants in the Raising Hope Intervention and Comparison Group.

Intervention Group	Comparison Group
21	21

Table 3: Number of Males and Females in the Raising Hope Intervention and Comparison Group

	Intervention Group	Control Group
Boys	15	10
Girls	6	11

Table 4: Mean Ages of the Participants at Pre and Post-Assessment Time Intervals.

	Time 1 - Age (Pre-intervention)	Time 2 - Age (Post-intervention - ST)	Time 3 - Age Post-intervention - LT)
Intervention Group	12.2 yrs Sd = .36	12.3 yrs Sd = .34	13.2years Sd = .5
Control Group	12.0 yrs Sd = .54	12.2years Sd = .55	12.5years Sd = .62

The secondary school was chosen because it is located in one of the most deprived parts of the county and was keen to implement programmes to support pupil well-being. The selection criteria for participation in the intervention group in the study were as follows:

- Participants had been identified by their primary school as requiring additional support to cope with the transition to secondary school.
- or
- Participants had been identified by the Secondary school staff as requiring support for emotional, behaviour, social or academic engagement, which were not considered to be significant or complex (none of the children had statements).
- or
- Pupils had been attending the Child and Adolescent Mental Service to monitor medication, but were not eligible to take part if they were attending therapeutic sessions.

It should be noted that participation in the intervention was not permitted if the pupil had been referred to the Educational Psychology Service or the STEPS team.

Table 5: Participants identified as being at School Action or School Action Plus on the Special Educational Needs Code of Practice

	School Action	School Action Plus
Intervention	6	6
Comparison group	3	n/a

Table 6: Participants’ Special Educational Needs Categories.

Category	BESD	MLD	SpLD	SLCN	Unspecified
Intervention Group	2 1 (BESD/SpLD)	3	3 1 (SpLS, BESD, ASD)	1	1
Comparison Group	0	1	2	0	0

Primary need is denoted first in instances where a range of issues are presented for pupils. BESD = Behaviour, emotional and social difficulties; MLD = Moderate learning difficulties; SpLD = Specific Learning Difficulties; SLCN = Speech, language and communication difficulties

Participants taking part in the five Intervention Groups were selected by the Assistant Principal/SENCO in consultation with the Year 7 Manager according to the same aforementioned criteria over two year groups (cohorts). Four groups of Year 7 pupils were recruited during the spring term in one Year 7 cohort. The fifth and final group was recruited from the following Year 7 cohort in the Autumn term. The same criteria were used to select the participants taking part in the intervention in the two Year 7 cohorts. Ideally, all participants in the intervention group would have been recruited from the same cohort, however this was not possible despite exhaustive efforts. It was felt important to include all the participants to ensure the sample size was sufficient in order to be able to conduct the quantitative analyses.

The comparison group in the first Year 7 cohort was chosen by the Assistant/Principal/SENCO and Year 7 Manager randomly selecting one tutor group. Introductory packs were disseminated by the Assistant Principal to parents/carers of the potential intervention group and all pupils in the randomly selected tutor group were invited to take part. For the second Year 7 cohort, the first five pupils listed in alphabetical order from a randomly selected tutor group were invited to take part by the Assistant/Principal/SENCO and Year 7 Manager in the comparison group. The information pack included an introductory letter, information sheet, and consent forms for parents/carers and young person for the target group (Appendix 2) and comparison group (Appendix 3). Twenty four young people in the target group provided consent and took part, 21 of which provided data at all three time points. Twenty-two young people in the tutor group and their parent/carer provided consent for the young person to take

part as the comparison group, of which 21 took part in the research. It is important to note that the intervention and comparison group would ideally have been matched for age and gender, but the difficulty in recruiting a sufficient sample size and the time constraints involved precluded this (refer to the discussion chapter for a more in-depth discussion of the implications of the non-matching for the generalisability of the findings).

Measures

A series of questionnaires were used to quantitatively assess student’s levels of hope, their well-being and attribution styles. Qualitative data was gathered from the debriefing sessions following the intervention (see Table 7).

Table 7: The measures in the right column are used to assess the corresponding variable in the left column.

Variables	Measures
	<i>Questionnaires and De-brief Session</i>
<i>Hope</i>	<ul style="list-style-type: none"> The Children’s Hope Scale
<i>Well-being</i>	<i>Questionnaires</i>
Life Satisfaction	<ul style="list-style-type: none"> The Multi-dimensional Students Life Satisfaction Scale
Emotional well-being	<ul style="list-style-type: none"> Panas
Happiness	<ul style="list-style-type: none"> The Subjective Happiness Scale
	<ul style="list-style-type: none"> The Strengths and Difficulties Questionnaire
	<i>Questionnaires</i>
<i>Attributions</i>	<ul style="list-style-type: none"> Attribution Scale
<i>Intervention Effectiveness</i>	<i>Questionnaire and Semi-structured interview</i>
	<ul style="list-style-type: none"> Semi-structured questionnaire

(Well-being is comprised of the following constituent variables: Life satisfaction, emotional well-being and happiness).

Measures to Assess Students’ Hope Levels

The Children’s Hope Scale (Appendix 4):

The Children’s Hope Scale (Snyder, Hoza, Pelham, Rapoff, Ware, Danovsky, Highberger, Rubinstein & Stahl, 1997) is a six item self-report questionnaire designed to measure dispositional hope in children and adolescents aged between 7 and 14 years of age. For administration purposes, the measure is presented to participants as “Questions about your Goals”. Each item is rated on a six-point Likert Scale, which ranges from “None of the time = 1” to “All of the time = 6”. The Children’s Hope Scale has been designed to measure the two major components of hope – agency (thoughts and beliefs relating to the likelihood achieving the task) and pathways (the sequence of events and tasks which form the route from present performance to final goal achievement). Scores are summed to provide a subscore for both agency and pathways (Items 1, 3 and 5 measure agency, whilst items 2, 4, and 6 measure pathways). The two subscores are summed to generate a Total Mean Score and divided by six to generate an overall CGS score. Children and Adolescents scoring between 4 and 6 on the Children’s Hope Scale items are likely to have a more positive cognitive bias. As a rule, a difference of one standard deviation from the mean would indicate possible problems that may require further consideration. Any child scoring a different of two standard deviations from the mean (total score less than 17) would indicate a very low level of hope.

The items for the measure were developed in a study of 372 9-14 year olds attending mainstream schools (Snyder et al, 1997). Psychometric properties were examined with five other samples of children. The fifth sample of 154 boys and 168 girls aged between 9 and 13 attending mainstream schools provides the most useful data for making comparisons within a UK context. The statistical information for the Children’s Hope Scale scores available from this study indicates that within the total score range (from 6 to 36) the mean was 25.71 and the standard deviation was 6.11. A more recent standardisation exercise was conducted using students from two high schools in southeastern US state (Valle, Huebner & Suldo, 2006) which generated statistical information for two groups (ages 10-14 and ages 15-19). The data for age group 10-14 indicated a Total Mean Score of 28.89 (SD = 5.70).

Measures to Assess Students’ Well-being

The Multidimensional Students’ Life Satisfaction Scale (Appendix 5)

The Multidimensional Students’ Life Satisfaction Scale (MSLSS: Huebner, 1994) was designed to provide a multidimensional profile of children’s life satisfaction judgements. More specifically, it was designed to a) provide a profile of children’s satisfaction with five important domains in their lives: family (7 items), friends (9 items), school (8 items), living environment (9 items) and self (7 items). It assesses life satisfaction from eight to eighteen years (b) assess children and adolescents’ overall life satisfaction (c) demonstrate acceptable psychometric properties (d) reveal a replicable factor structure indicating the meaningfulness of the five dimensions and (e) be used effectively with children across a wide range of ages (grades 3-12) and ability levels (children with mild developmental disabilities to gifted children).

The 40-item MSLSS may be administered to children in groups or individually. The instructions for the scale are provided prior to the rest of the scale. The authors report that the readability of the scale is at an age equivalent of 6 years and 6 months so most students required little or no assistance with responding to the questions. However, they do caution that it is essential to monitor all participants’ response to ensure they respond appropriately (give time to each item and answer all questions). It is recommended for younger children that the examiner reads the directions aloud and encourages them to ask questions as necessary. Response items are simplified for children aged 8 to 11 years by using 4 instead of 6 response items. The response options are also of a different type for each version:

- Response options for the 8-11 year old version are based on frequency, for example “never”, “sometimes”, “often” and “almost always”.
 - Response options for the 11-18 year olds versions are based on levels of agreement/disagreement with an item statement, for example “strongly disagree”, “moderately disagree”. A six-point agreement format has been used in middle and high school students (Huebner 1998).
-

A number of items are negatively framed so the scores are reversed. Higher scores thus indicate higher levels of life satisfaction throughout the scale. Because the domains consist of unequal number of items, the domain and total scores are made comparable by summing the item responses and dividing by the number of domain (or total) items.

Huebner and Gilman (2002) assessed the suitability of the MSLSS for use across the 8-18 year age range. They reported the following reliability data: .90 to .92 for the total score, .75 to .85 for the Family, .81 to .85 for the Friends, .83 to .85 for the School, .72 to .84 for the SELF and .79 to .83 for the Living Environment domains. A correlation of .61 between the MSLSS and a one-item life satisfaction pleasure is reported by Huebner (2004:8) and a correlation $r = .88$ between the earlier Students' Life Satisfaction Scale (SLSS) and general life satisfaction as measured by the MSLSS. The dimensional structure of the MSLSS was supported by Gilman, Dooley and Florell (2006) using confirmatory factor-analysis on data from 515 high-school students.

- The Positive and Negative Affect Schedule (PANAS – Appendix 6).

The Positive and Negative Affect Schedule (PANAS) is a 20-item self-report measure of positive and negative affect (Watson, Clark & Tellegen, 1988). Negative Affect (NA) and Positive Affect (PA) reflect dispositional dimensions, with high-NA epitomized by subjective distress and unpleasurable engagement and low NA by the absence of these feelings. By contrast, Positive Affect (PA) represents the extent to which an individual experiences pleasurable engagement with the environment. Thus, emotions can be enthusiasm and alertness are indicative of high PA, whilst lethargy and sadness characterise low PA. Since its development the measure has been employed in research for diverse purposes. Its popularity may be attributed to its brevity.

The 20-item Positive and Negative Affect Schedule (PANAS), developed with a sample of undergraduate students and validated with adult populations, comprises two mood scales, one measuring positive affect and the other measuring negative affect. Each item

is rated on a 5-point scale ranging from 1 = very slightly or not at all to 5 = extremely to indicate the extent to which the respondent has felt this way in the indicated time frame. The authors have used the scale to measure affect at this moment, today, the past few days, the past week, the past few weeks, the past year, and generally (on average).

The Subjective Happiness Scale (Appendix 7).

The Subjective Happiness Scale (SHS) is a 4-item scale of global subjective happiness (Lyubomirsky & Lepper, 1999). Two items ask respondents to characterize themselves using both absolute ratings and ratings relative to peers, whereas the other two items offer brief descriptions of happy and unhappy individuals and ask respondents the extent to which each characterization describes them. One item is reverse coded. The scoring procedure involves summing the total of the four items to calculate the factor score.

The SHS has been validated in 14 studies with a total of 2,732 participants (Lyubomirsky et al, 1999). Data has been collected in the United States from students on two college campuses and one high school campus, from community adults in two California cities, and from older adults, as well as from students and community adults in Moscow, Russia. Results have indicated that the SHS has high internal consistency, which has been found to be stable across samples. Test-retest and self-peer correlations have suggested good to excellent reliability, and construct validation studies of convergent and discriminant validity have confirmed the use of this scale to measure the construct of subjective happiness.

The Strengths and Difficulties Questionnaire (Appendix 8).

The Strengths and Difficulties Questionnaire (SDQ: Goodman, 2007) is a brief behavioural screening questionnaire that can be used to assess children and young people’s prosocial behaviour and total difficulties scores. There are several versions of the SDQ that can be completed by the child, parent or teacher. For all versions of the SDQ there are 25 attributes, some positive and negative ones. There are five items per subscale and the total difficulties scores is composed of emotional symptoms, conduct

problems, hyperactivity/inattention and peer relationship problems. The prosocial behaviour consists of five items. The teacher version was used in the current research. Standardised norms have been produced for the various raters. For the teacher rating, scores between 0-11 on the Total difficulties scores are reported to fall within the normal range, scores between 12- 15 fall in the borderlines range and scores between 16-40 fall within the abnormal range. For the prosocial behaviour scores between 6-10 lie within the normal range, a score of 5 is borderline and scores of 0-4 lie in the abnormal range.

The Attribution Scale (Appendix 9)

The CASQ-R consists of 24 items, which assess the type of reasons that children and young people give for hypothetical, commonly experienced, positive and negative effects occurring in their lives. The CASQ-R was originally designed by Kaslow and colleagues as a 48-item measure designed to measure the depressive feelings, beliefs and behaviours of children and young people age 9-12 years, to gain a deeper understanding of their attributional style (Kaslow, Tanenbaum & Seligman, 1978) but was subsequently revised and shortened (Thompson, Kaslow, Weiss & Nolen-Hoeksema, 1998). Attributions are the reasons which people believe to be responsible for both successes and failures in their lives. The objective is to ascertain the overall composite attributional style score for the child or young person by measuring and summing the three main attributional dimensions (internal, stable and global) for both positive and negative situations.

The CASQ-R can be administered to individual or groups of children. Each of the 24 items provides a forced-choice response (from two possible answers) to a variety of hypothetical personal and social situations. Each item offers a brief outline of the situation – these can be positive (for example item 8: you make a new friend) or negative (item 3 a good friend says that s/he hates you). For each item, two statements are presented about why the situation has occurred. Positive responses receive a score of

+1 and negative responses a score of -1. The maximum composite score for a positive event response is 12. The higher the score the less depressive the young person's attributional style. The maximum composite score for negative event responses is minus 12. The higher the number (in negative terms), the more depressive is the child or young person's attributional style. The Overall Composite Score is obtained by adding the total plus number of internal stable and global responses to negative events, to the total minus number of internal, stable and global responses to positive events as shown below:

$$\frac{\text{Total Positive Plus score (P1 + PS + PG)} + \text{Total Negative minus score (NI + NS + NG)}}{\text{Overall Composite Score}}$$

Scores on the Overall Composite Score can range from -12 to zero to +12 and again, the lower the composite number the more likely a helpless attributional style. As a general guide, a difference of one standard deviation from the mean (of the Overall Composite Score) would indicate possible problems that may require further consideration. A difference of two standard deviations from the mean would indicate a helpless/dysfunctional attributional style and this very atypical response would suggest that further investigation is necessary.

The authors describe the CASQ-R as having good criterion-referenced validity, moderate internal consistency and fair test-test reliability. Thompson et al (1998) describe the CASQ-R has having fair levels of internal consistency for the composite scores (Cronbach's alpha = .61) and scores ranging from .40 and .60 for both positive and negative composite totals. However, the authors conceded that the revised version is less reliable than the original 48-item version. Test-retest reliability coefficients were .53 over 12-months (Thompson et al, 1998). Gibb, Alloy, Walshaw, Comer, Shen and Villari (2006) showed that the Overall Composite Score remained fairly stable over a six month period .61. Concurrent validity was assessed by comparing the CASQ-R with the Vanderbilt Depression Inventory and was described as good with those children

disclosing the more dysfunctional features of depression on the CASQ-R also reporting more symptoms of depression on the VDI.

“The Raising Hope Evaluation Questionnaire” (Appendix 10)

A semi-structured questionnaire was designed for the purpose of this study to ascertain students’ appraisal of the effectiveness of the intervention. Pupils were asked to rate five questions using a 5-point Likert Scale (1 = not at all: 5 = very much) to indicate how much they enjoyed taking part, how helpful the intervention was in identifying positive and specific goals, possible barriers, useful strategies and achieving their goals. They were also asked to rate if they would recommend the intervention to peers. Participants evaluated the intervention delivery by considering the size of the group, the number of sessions and favourite activity. Recommendations for improvement were also sought. Semi-structured questions investigated whether participants’ conceptual understanding of hope had changed, if they were more hopeful about the future and had different types of goals. It also asked whether taking part in the intervention had enabled participants to achieve their goals, consider what they had learnt and possible ways the programme would help them in the future. The specific questions are outlined below:

Q1: Has taking part in the “Raising Hope Programme” changed your thoughts about hope? If so, in what ways has this taken place?

Q2: Are you more hopeful about the future?

Q3: Has taking part in the Raising Hope Programme” changed the types of goals you have?

Q4: Will the “Raising Hope Programme” help you to achieve your goals more? If so, in what ways?

RQ5: Have you been using anything you have learnt from the sessions in your daily life?

RQ6: Do you think the programme will help you for the future?

Participants’ answers were written down and analysed using thematic analyses, which is described in the latter part of the chapter.

Procedure

Ethical consent to conduct the research was obtained from the University of East London’s ethics committee (4/02/2010 – Eth/12/18) and the Educational Psychology Service who employed the researcher (Ethical Approval: 22.04.2010). The researcher then contacted the Assistant Principal/SENCO of a co-educational mainstream school to discuss if the school was interested in participating in the Raising Hope Intervention, which the researcher would facilitate and run. The criteria for inclusion in the intervention were provided and it was confirmed that any student who had or would be referred to the Educational Psychology Service, STEPS team or was attending therapeutic intervention with the Child and Adolescent Mental Health Service (CAMHS) was not eligible for participation in the project. The researcher provided the Inclusion Manager with the Information Packs and Consent forms so the school could approach prospective families. Refer to appendices 2 and 3 for a presentation of the introductory letter, information sheet and consent forms forwarded to parents and students respectively in the intervention and comparison groups. Written consent was provided by parents for their sons/daughter’s participation in the intervention and the research. A specific consent letter was included to obtain parental permission to disclose the nature of CAMHS involvement where relevant (refer to appendix 11). For a timetable of the procedure, please refer to appendix 12.

The pre-intervention questionnaires were administered individually with each student prior to the intervention commencing, the post-intervention questionnaires were administered individually immediately afterwards and the follow-up assessment several months later. The researcher also provided the Inclusion Manager with a covering letter (refer to appendix 13) and copy of the Strength and Difficulties Questionnaire (appendix 8) for a member of staff to complete for students taking part in the intervention group. The Assistant Principal liaised with the member of staff who was best acquainted with the student and collected them and returned them to the researcher. The researcher administered the 6-item Children’s Hope Scale to the comparison group in their tutor group at the three time points. Following an initial introductory session to gain student’s

consent, the pre-intervention questionnaires were administered individually. Having had the opportunity to meet the student during the pre-assessment phase the Assistant Principal and Trainee Educational Psychologist allocated students to their respective groups. A member of the Behaviour Support Team acted as co-facilitator for one group so that a member of staff from secondary school would be trained to implement the intervention. The following section provides a detailed account of the session plans.

Description of the “Raising Hope Intervention” Programme

The “Raising Hope” Intervention Programme consisted of a five- week intervention programme that was delivered to five groups of Year 7 pupils. The weekly formats for the sessions were similar: Greetings, ice breaker activity, group rules, Activities, Plenary and Review. A weekly goal was identified by each participant and solutions identified to be able to achieve the students’ goal. A range of resources were used including fact sheets, therapeutic board games, ball, binoculars, role play and flip charts. Students were given a Raising Hope Folder and each week the relevant fact sheets were added. At the beginning of the intervention students were given notebook and asked to record a daily hope, two strengths and two gratitudes. Refer to Appendix 14 to review the session overview and appendix 15 for the fact sheets provided for students when participating in the Raising Hope Intervention.

Introducing the “Raising Hope Programme”, Consent and Pre-Questionnaires.

The Trainee Educational Psychologist met potential participants to introduce herself and explain the purpose of the “Raising Hope Programme”. She explained the “Raising Hope Programme” would take place over the subsequent five weeks. It was interested in improving hopeful thinking (goal-oriented), identifying strategies (waypower) to achieve goals and being motivated to attempt and continue the tasks (willpower). All participants were given time to ask questions and provided verbal consent to take part. The story “Be Cool....Stay in School” by Jason Summey was read by the TEP, who then facilitated a group discussion which focused on the main character’s goals (Student-

body president in High School’s determination to improve school attendance so that all his cohort graduated (Refer to Appendix 16). It was then explained the TEP would meet with each participant individually for them to complete the questionnaires before the first session, after the final session and again several months later. It was also explained that participants may be in different groups. All participants were informed that they were free to finish attending the sessions throughout the intervention.

The pre-intervention session offered the opportunity to pilot the proposed groups to see if the group dynamics facilitated participants being able to contribute freely and enthusiastically and also to gain feedback about the materials used. The groups were re-arranged so that most of the pupils, where concerns had been expressed about their behaviour, concentration or focusing were placed in one group. This was done for several reasons: Firstly, three of the pupils who were very socially aware had dominated their respective groups so that other participants appeared reluctant, shy or did not have the opportunity to voice their thoughts, goals or aspirations. Secondly, several of the group members had asked if they could be placed together and it was thought that given they socialised together they could naturally act as “Hope Buddys” for each other. Observations revealed that participants with lower concentration spans tended to lose focus during the narrative story. It was decided to modify the “Raising Hope Programme” so that it did not include reading stories, but was keen to use narrative techniques for participants to develop their own stories. The modifications made to the programme for use with this sample population and underlying rationale are briefly discussed following the sessions descriptions.

Session 1:

Ice breaker Game: Group Rules: Review of Session 1: Hopeful Thinking: Identifying Positive and Specific Goals: Identifying “What change?”, Stages of Change Cycle – Carl Scenario: Plenary: Review).

The session commenced with an ice breaker activity (introductory ball) and agreement about the Group rules. **Activity 1** involved a group discussion about “What is Hope?” All pupils were given the opportunity to offer their thoughts which were recorded on a flip-chart. Pupils were subsequently given a fact sheet for discussion, which proposed that “Hopeful Thinking” consists of three components, Goals thinking, Waypower Thinking and Willpower thinking. It was explained that goals are the targets of our wishes and having goal thoughts is inescapable. Waypower Thinking was described as one’s own inner belief that one can generate pathways to reach one’s goals and finally, Willpower Thinking was one’s belief that one can initiate and sustain movement or motivation towards goals along selected pathways. Participants were asked in two groups to think of a goal one of them may have or use an example of someone travelling somewhere to meet a friend and to identify the goals involved (Goals thinking), how they would achieve this (Waypower Thinking) and what would enable them to initiate their journey and arrive at the destination (Will power Thinking)? Each group provided feedback which served to illustrate the concepts.

Activity 2 involved participants completing the “Goal Enhancer Worksheet” which asked them to identify a goal they would like to work on over the next four weeks. Pupils were encouraged to be as specific as possible about their goals, when could it happen, what was it, who would it involve and what would be different once it was achieved. A pair of binoculars was used to demonstrate that the purpose of the task was to bring the goals into focus. Participants were given an opportunity to take turns identifying their goals and peer support helped them to make it more specific. Participants were also encouraged to state their goals positively. For example, it was explained that “I want to fight less with my friend” is framed very clearly but it’s negative focus makes it more difficult to find a workable strategy. “Arguing less” does not readily reveal any positive behaviours that individuals can do to change their situation. By focusing on a positively framed goal such as “to spend more time listening to each other’s ideas about activities to do” provides a focus on the positive way forward.

Activity 3 involved looking at the “Stages of Change” fact sheet to discuss the six stages involved in bringing about change (Pre-thinking, thinking, deciding, doing, maintaining and relapsing). An example was used about a fictitious pupil Carl who has been in trouble for behaving badly in class. His goals, feelings and behaviours were discussed at each stage with a focus on how he could use his waypower and willpower to bring about change. Finally, as homework pupils were given a fact sheet to think about what kinds of change they may like to make in their own lives, who else would want them to bring about different types of change and how they would feel about it. During the Plenary session each participant each pupil was given a diary and asked to record their goal, three things they were grateful for and a signature strength at the end of each day. Finally, the review helped to summarise the learning outcomes for the session and gain feedback from participants about what they found helpful and recommended changes or suggestions for how to improve the next session

Session 2

Ice breaker Game: Remembering Group Rules: Review of Session 2: Are goals positive and specific?: Who is a WINNER?: Barriers to hopeful thinking: Hopeful Thinking

Strategy – Previous positive achievements: Plenary: Review

Session 2 commenced with an ice-breaker game followed by a reminder of the group rules. Participants were asked to provide feedback about what the previous session focused on and ask questions. The activities in Session 2 focused on developing the themes introduced in Sessions 1. **Activity 1** involved providing participants with the opportunity for identifying whether certain goals were positive and specific. They were asked to use examples to provide reasons for their answers.

Activity 2 involved discussions that encouraged participants to explore the different types of goals one may have and to recognise that these may relate to an immediate, short-term or long-term basis. Discussions then focused in pairs on how different goals could be broken down into sub-goals using stepping. Discussions aimed to enable participants to be able to identify goals beyond the generic or superficial goals, for example, winning the lottery and assist them in understanding that it could relate to how

they spend their free time, organisation in school, friendships, learning, essentially a broad array of daily issues.

Activity 3 involved explaining the “WINNER” game. This is an acronym for the following:

1. What is your main goal?
2. Identify pathways you used to reach this goal.
3. Name the barriers encountered and avoided
4. What are the possible routes you Navigated around these barriers?
5. Where did you find the Energy to pursue your goals?
6. Rethink your strategy and evaluate your approach? What do you think?

Each participant took it in turns to discuss their weekly goal, identify the pathways used, possible and actual barriers, the energy to pursue them and a final evaluation. This took an open format situation where other participants were able to relate the personal experience to their own solutions used to overcome identified barriers were recorded on the board. They were then asked to think of all the barriers they could possibly think of. This introduced the concept of planning pathways but recognising in advance that certain inhibitors may occur and that is normal but it is important to feel these can be overcome and to develop solution-focused skills that enable them to feel autonomous to overcome these.

Activity 4 introduced the idea of identifying strategies to be able to overcome the barriers by believing one can achieve their goal and practical steps too. The weekly strategy involved participants recognising their past achievements could help them in future in several ways. Firstly, by recognising that if they have done something before then they will be able to repeat the success. Secondly, by completing something before they understand the process and practical applications involved and are more knowledgeable. Numerous other strategies were discussed depending on the nature of the feedback provided within each group providing a degree of individual differences between groups which was brought together in a later session (session 5).

Session 3

Introductory game: Review of Session 3: How are you a WINNER?: Positive Thoughts, Overcoming barriers, Hopeful Thinking Strategy – Reframing: Hope Stories – My Hope Story: Plenary: Review.

Session 3 commenced with an ice-breaker game followed by a reminder of the group rules. Participants were asked to provide feedback about what the previous session focused on and what they found helpful and had the opportunity to ask any arising questions. **Activity 1** asked participants to review their weekly goal by asking if they were a WINNER. Each participant focused on reporting what their goal was, the pathways they used to achieve it, the barriers they encountered and how they overcome them, how they motivated themselves and finally, they re-evaluated their overall approach. It was emphasised that an important part of setting goals is the process of working towards them and not just achieving them.

The purpose of **Activity 2** was to enable participants to realise that the statements one tells oneself determines how positively or hopefully they approach something and their chance of success. Therefore, negative thoughts can form obstacles to achieving their goals. Participants are taught that it is possible to “Reframe” or change “Un-hopeful” statements into “Hope Talk”. For example an UN-Hopeful Statement is “Everyone will think my ideas are dumb” when asked to give a presentation in front of the class. They are given several opportunities to practice and to re-arrange words into hopeful sentences.

Activity 3 involved the group being divided into sub-groups to re-frame a less than hopeful story into an example of Hope Talk. They then worked on their own “Hope Story”.

Session 4

(Introductory Game: Review of Session 4: WINNER’s qualities, characteristics and behaviours: Who is a WINNER?: The Process of Obtaining a Goal: Faulty Thinking as

Obstacles: Hopeful Thinking Strategies – Previous achievements, reframing, , Good qualities, characteristics and behaviours, Just DO it, Think of the rewards: Positive Thinking Game: Plenary: Review.

Session 4 commenced with an ice-breaker game followed by a reminder of the group rules. Participants were asked to provide feedback about what the previous session focused on and what they found helpful and had the opportunity to ask any arising questions. **Activity 1** involved participants reporting back in pairs using the WINNER framework about how they had identified their goals and the process involved in trying to achieve them. Their partner helped them to identify the good qualities, characteristics and behaviours that they displayed in doing so. Whole group discussions involved recording some of these on the flip chart and focused on how everyone possesses some of these qualities, ways to develop these further (a goal in itself) and how important they for helping one to achieve their goals. Participants then completed the “Who is a WINNER?” factsheet. Once again it was re-emphasised that an important part of setting goals is the process of working towards them.

Activity 2 involved using fact sheets and group discussions to recognise that “Waypower, willpower and hope talk” greatly increase the change that one will achieve their positive and specific goals. It was explained that sometimes “Faulty Thinking” styles act as barriers to hinder our approach or feelings of being able to attempt, persevere or complete things. Six different types of Faulty Thinking Styles were discussed and examples used to explain each one.

- *Doing Down* – Only focusing on the negative and disregarding or ignoring the positives.
 - *Blowing Up* – Making things worse than they are by magnifying things. For example, I only got a “B” grade and not an “A” grade or “everyone hates me” after an argument with one friend.
 - *Predicting Failure* – Predicting failure which can lead to a sense of defeatism. For example, I am going to fail my exams so what is the point in working towards them.
-

- *Over-emotional thoughts* – An overly emotional response tends to be very strong and influences the way one perceives things, often viewing situations and themselves negatively.
- *Setting Yourself Up* – Creating an impossibly hard standard to achieve. .
- *Blaming Yourself* – Blaming oneself for everything even relating to things that things that one has no control over. For example, I turned on the computer and it crashed.

Participants were provided with different examples of situations involving the above situation and a brainstorming session was used to identify strategies to overcome these “Faulty Thinking Styles”. The following strategies were highlighted as useful to support participants in believing they could achieve their goals:

- Reframing negative to positive talk
- Remembering what I have done in the past will help me in the future.
- Thinking of one’s good qualities, characteristics and behaviours.
- Just do it.
- Think of the rewards
- Asking someone for help

Activity 3 involved participants playing the “Positive Thinking” board game. This therapeutic game maintains the premise that thoughts create emotions and responses and by becoming more aware of one’s self-talk and cognitive responses to situations one is better able to select and control one’s emotional states. The game involves players being able to correctly identify different types of irrational beliefs (Faulty thinking style), for example negative attitude (Doing down), exaggerating the negative (Blowing up!), perfectionist thinking (Setting Yourself Up), Blaming (Blaming yourself), name calling and absolute thinking (viewing things as very good or very bad – rigid thinking). It also involves participants either selecting or providing their own the most rational and positive responses to situations and other players establish a consensus to agree if the person deserves a token. The game also focuses on the types of positive thinking (This is great, I’ll try harder next time, I can do it, I’m a Winner!). The game concludes with

the person reaching the end of game with the most tokens being the winner. The session concluded with a review of the sessions, learning points and participants being clear about the goals they would work on during the forthcoming week. The review also provided an opportunity for participants to state what they enjoyed and what they would have changed to improve the session. Lollipops were used as rewards during the session. Participants were asked to act as scientists during the week and record when they found themselves using any of the faulty thinking styles and using their strategies, such as reframing to address them to think more hopeful thoughts

Session 5

Introductory Game: Review of Session 5: Qualities, characteristics and behaviours:

Linking Thoughts, Feelings and Actions: Hopeful Thinking Strategy – Relaxation

Strategies: Stop, Think, Relax Games: Plenary: Review

Session 5 commenced with an ice-breaker game followed by a reminder of the group rules. Participants were asked to provide feedback about what the previous session focused on and what they found helpful and had the opportunity to ask any arising questions. During **Activity 1** participants were asked to think in pairs/triads and remember one incident in the last month when they felt really good or proud of themselves. Prompt questions were provided for the listener(s) which included the following:

- What made it a special moment for you?
- What qualities, characteristics and behaviours do you have that helped you to achieve this?
- Did anyone else notice your special moment? If so, what do you think they thought of you at this time?
- How did you feel at the time?

The pairs/triads swapped roles so that all participants had an opportunity to think of a time in the last month. This was an opportunity to further emphasise their qualities,

characteristics and behaviours in different contexts. The exercise also introduced the concepts of feelings and behaviours which led introduced activity 2.

The purpose of **Activity 2** was to explain to participants the links between thoughts, feelings and behaviours. It was explained that how an individual thinks is related to how they feel and what they do. For example, if a person thinks “I am useless at meeting new people”, they may then feel “I am scared and nervous when I meet new people” and how they behave “I don’t talk to them and go quiet”. This was then discussed in term of how what someone thinks may affect their goal-setting, how they feel about getting started (willpower) and the behaviours involved (waypower). Students were encouraged to complete the fact sheet “A Good time!” to think about the thoughts, feelings and actions they had during a recent good time and how this could be used to inform future goal setting.

Activity 3 involved an initial brainstorming activity to identify the relaxation strategies to use to enhance their “willpower” strategies. These were then used during the therapeutic board game “Stop, Relax & Think”. This is a therapeutic games designed to enhance children and adolescent’s awareness, of their feelings, enhance social problem-solving and introduce them to relaxation techniques to enable them to have a greater internal locus of control. The game is typically used with active and impulsive pupils but is relevant for all children and directly applicable for exploring the aims of this session. In playing the game participants get an opportunity to practice a range of relaxation techniques (tell or do something funny, take a deep breath; say calmly “I can relax”; breathe deeply count to ten, etc) when they land on the RELAX section. The game can also be used dynamically by the facilitator and provided the opportunity to reinforce the previous strategies identified in the preceding weeks of the “Raising Hope Intervention” (Reframing negatives into positive talk: Remembering what I have done in the past will help me in the future: Thinking of one’s good qualities, characteristics and behaviours: Just do it!: Think of the rewards: Asking someone for help: Relaxation strategies)

During the plenary session participants were encouraged to ensure their folders with their relevant work was compiled in order. A group review exercise was held to consider the groups views on hope and reflect on the experience of taking part in the group. There was also a reflection on the main learning points from the intervention. It was explained that the TEP would be meeting with each of the participants during the forthcoming week individually to gain their individual appraisals and also to complete the same pre-intervention questionnaires.

Post-intervention evaluation and follow-up evaluation.

Participants completed the post-intervention questionnaires individually in the week after the Raising Hope Programme concluded. The initial instructions for completing the questionnaires were explained by the TEP. Participants were given a choice if they would like the TEP to read the questionnaires aloud to them or if they would like to do so independently. Participants responses to the semi-structured questions of the Raising Hope Evaluation Questionnaire were written down verbatim by the researcher during the de-brief session. The final assessment took place several months later and the participants completed the same questionnaires and the researcher recorded the answers from the Raising Hope Evaluation Questionnaire verbatim once again.

Modifications to the “Raising Hope” Programme.

Several amendments were made to the programme and the rationale for incorporating these will be explained. Firstly, the “Raising Hope” Programme was delivered as a small group instead of a whole class intervention. The decision was made for several reasons. Firstly, running the group as a small group intervention meant that participants could receive targeted individual support, which was important since they had been identified as potentially benefitting from additional intervention, but their needs were not sufficient for them to be eligible for a statement of special educational needs or possible involvement from external agencies at school action plus. The intervention was also envisaged as a possible pilot study and if the findings provided further evidence-based

research indicating the effectiveness of the intervention, then it could possibly be implemented across a year group. Secondly, the narrative stories included in the intervention were not used in the current study after participants became restless or distracted when the “Hope Story” was read aloud during the pilot sessions. This may have been because it was more relevant to an American-based sample population since it referred to stories about High School. The story was lengthy and perhaps too long to maintain students’ interest levels. Finally, reading the narrative stories may also have given the impression that the sessions were focused on developing literacy skills rather than about raising hope levels. Due to the afore-mentioned reasons it was decided not to incorporate the proposed narrative stories during the remainder sessions.

Thirdly, modifications were made to the current intervention to incorporate additional cognitive behavior therapy strategies and motivational interviewing techniques. More specifically, different types of “Faulty Thinking Styles” were explained and additional fact sheets relating to A-B-C cycles included to extend the different cognitive-behaviour therapy strategies used. The stages of change advocated in Motivational Interviewing (MI) were also incorporated so that pupils could understand how committed they were to bringing about different types of change. Motivational interviewing is a clinical method for helping people to resolve ambivalence about change by evoking intrinsic motivation and commitment (Miller & Moyers, 2007). Recent studies are increasingly referring to the potential effectiveness of this type of practice with adolescents. For example, a recent meta-analysis supported the effectiveness of MI interventions for adolescent substance use behavior change (Jensen, Cushing, Aylward, Craig, Sorrell & Steele, 2011). Researchers and practitioners are also increasingly calling for the integration of MI techniques to complement cognitive behavior therapy techniques (Flynn, 2011; Geller & Dunn, 2011). Whilst CBT has been shown to be effective for some populations in certain conditions (Fonagy et al, 2005) it is felt that failure to engage, drop out from treatment prematurely or lack of improvement are common problems in participants or clients characterized by high levels of ambivalence about change. MI strategies can assist clinicians in enhancing readiness for change, tailoring interventions to client readiness status, and maintaining a therapeutic alliance

throughout all stages of treatment. It was felt that these issues may be pertinent for secondary students taking part in an intervention, which sought to enhance their understanding of readiness for change and maintain their continued engagement in the group dynamics to bring about personal change.

Finally, one of the proposed exercises in the intervention involved completing a Hope Camera Project, which included taking photos of images that inspired hope in the students. Students would have worked weekly on the project which culminated in a presentation to the whole class in the final week. However, the Deputy Headteacher in the current study voiced concerns regarding gaining parental consent and the responsibility the school would have in ensuring how the photos would be used and the logistics involved in them being developed and where they would be stored. The activity was not included because it might impede the school’s and parents’ willingness to provide consent for the intervention to take place.

2.3 Mixed-method Data Analyses

Quantitative Analysis

The quantitative data was analyzed using a series of descriptive statistics, parametric and non-parametric tests based on the assumptions of normality being met. The findings are presented in Chapter 3.

Qualitative Analysis - Thematic Analyses

Thematic analysis is a widely and increasingly used qualitative analytic method worldwide. It is argued to be a fundamental and foundational method of analysis as it provides core skills for conducting many other forms of qualitative analysis (Braun and Clarke, 2006). As a result thematic analysis is sometimes seen as just a tool, but other authors argue that thematic analysis is a valid method of analysis in its own right (Braun et al, 2006). It can lead to interpretation of various aspects of the research topic of consideration and is flexible as it can be employed by studies looking at a particular theory and those that are exploratory. It provides detailed rich and complex findings from many different types of qualitative data. Like other social constructivist Grounded

Theory approach, thematic analysis can involve an active constructive process by the researcher in identifying patterns and themes, influenced by language and social experiences (Charmaz, 2006; Strauss and Corbin, 1998).

Thematic analysis is also similar to discourse analysis as it enables the researcher to consider that different versions of reality are created, negotiated and deployed in conversation. Like discourse analysis, it conceptualises that language is a constitutive of experience and enables exploration of phenomena are constituted as talk in social action and social context (Willig, 1999). Thematic analysis therefore fits with a critical realist epistemology, where the meaning and reality of participants are reported (Braun et al, 2006). It also enabled the deductive approach to data that is required in the current project to consider the views of participants about levels of hope. Thematic analysis enabled the researcher to adopt the process in one method, which itself is more accessible as an analytic method (Braun et al, 2006) that does not require the data to lead to theory formation or involve very detailed exploration of the intricacies of language. Therefore, data from the semi-structured questions from the Evaluation of the Raising Hope Intervention Questionnaire elicited during the de-brief session were analysed through deductive thematic analysis as this was deemed to be the most appropriate method of analysis given the epistemological position and methodology of the research project and the nature of the data generated.

Themes and ideas across the data sets were sought and interpreted. One potential difficulty with thematic analysis is that there is currently no clear agreement of the analytical processes within literature (Tuckett, 2005), leading some researchers to fail to adopt a consistent and stringent process of analysis. There can also be a lack of transparency as to the approach used. Therefore, this research thesis followed a step-by-step guide provided by Braun et al (2006) for the process of data analysis. A checklist for good thematic analysis by Braun et al (2006) was also referred to throughout the data analysis. The resulting data analysis procedure for each data set involved the following steps:

Step 1: Familiarising Self with the Data: This involved transcribing the data, reading and re-reading the data until saturation and noting down initial ideas regarding the data. Time was taken to ensure the researcher was fully immersed in the data.

Step 2: Identifying Emergent Categories: Initial ideas were reflected upon and collated into emergent categories. Category titles were conceptual and attempted to capture something essential about what was represented in the text. Following initial engagement with the text and later immersion, the researcher considered the number of messages, ideas and possible themes within the data extract and possible emergent categories were identified.

Step 3: Generating Initial Codes: Codes were developed for the categories that were generated across the data set. The initial codes and categories are presented in Appendices 17. The codes were based on the initial category and subcategory initials.

Step 4: Coding and Collating Data: The data set was coded in a systematic fashion across the entire data set. Data was then collated to each code. As extracts were clustered together, they were checked back to the original transcripts to ensure the connections between the extracts worked. Codes were collated into potential themes.

Step 5: Searching for Themes: Emergent themes were noted and interpretation of meaning and reviewing the original data source informed further clustering of extracts to initial themes. This involved close interaction between the researcher and the text. Some themes formed cluster of concepts that had a shared meaning or concept, whereas others had hierarchical relationships with others. When satisfied that the data analysis has reached saturation, that no more themes or theme relationships could be identified, data was again re-organised to each theme.

Step 6: Reviewing the Themes: Themes and theme clusters were reconsidered to ensure that they worked in relation to the coded extracts and the entire data set. This involved re-reading the entire data set and the data collated for each theme. Amendments were made to themes where necessary.

Step 7: Generating a Thematic Map: A thematic map of the analysis was generated, first by hand and then on the computer, and ongoing analyses to refine the specifics of each theme and the overall story of the analysis was carried out.

Step 8: Defining and Naming Themes: Definition and names for each theme were generated and a table of the master theme, sub-theme and relevant data extracts created.

Step 9: Final Thematic Map: The final thematic map was produced.

Step 10: Producing the Report: Following the definition of each master theme, an analysis of each cluster of themes was written and their relatedness to each other and the wider picture was expressed. Data extracts were selected to illustrate themes and each theme was summarised, resulting in a report of the analysis. This provided the final opportunity for analysis and led to some reorganisation of themes resulting thematic maps.

Step 11: Interpretation: During data analysis, semantic themes were identified and latent themes were explored in order to identify underlying ideas, conceptualisation and assumptions shaping or informing the semantic content of the data. This involved some elements of interpretation analysis and some theorisation. The findings are presented in Chapter 3.

2.4 Ethical Considerations

This research adhered to the “Code of Ethical Principles and Guidelines for conducting research with human participants and involving children in research” (British Psychological Society, 2000). Ethical approval was obtained from the University of East London Research Ethics Committee who agreed that the research posed not threat to the psychological welfare or dignity of the adolescent. It also sought and was granted ethical approval from the Local Authority where the researcher is employed as a trainee Educational Psychologist.

Key ethical considerations outlined in the above code and in the wealth of literature on ethical research with young people were followed and the relevant issues addressed. As outlined above, informed consent was gained from parents and adolescents regarding adolescent’s involvement in the research project and for a member of staff to complete questionnaires about their well-being. Informed consent, assent, right to withdraw,

confidentiality and anonymity were also addressed with all participants. In the case that adolescents became in any way distressed following a session, it was discussed that they could liaise with their form tutor. In the selection criteria, it was decided that adolescents who were already attending counselling interventions with CAMHS were not be eligible to take part in case this interrupted or interfered with their counselling sessions. If an adolescent attended CAMHS purely to review medication they were eligible to take part in the intervention.

2.5 Conclusion

This chapter has provided a comprehensive overview of the epistemological perspective within which the research operates, adopts a multi-method, longitudinal research design to be able to answer the questions raised in the hypotheses. It also provided a detailed account of the Raising Hope Programme intervention which was modified and evaluated in the research using a range of questionnaires described. The chapter presented the selection criteria for inclusion in the study and the demographics for participants who took part in the intervention and comparison groups. Finally, it concluded with an examination of the quantitative and qualitative measures employed.

Chapter 3

Findings

3.1 Overview of the Chapter

This chapter is divided into four sections to present the research findings. Initial preliminary analyses were conducted to examine if the assumptions for conducting parametric tests were met and if participants' age should act as covariate. The first section investigates if there is an improvement over time in participants' hope after taking part in the modified "Raising Hope Intervention". This section employs quantitative analyses of participants' ratings of their levels of hope, pathways and agency thinking. The second section is interesting in looking at possible changes over time in the levels of participants' well-being. The relationship between students' levels of hope and well-being over time is also examined. The third section considers if there are changes over time in participants' positive and negative attributions. It includes an examination of the relationship between students' levels of hope and attributions. The final section involves the thematic analyses of students' perceptions of hope following participation in the Raising Hope Programme. It seeks to provide a richer, illustrative account of possible changes in participants' hopes, agency and pathways thinking which was explored using quantitative analyses in the first section. Refer to Table 8 for a presentation of the different sections in the chapter.

3.1 Findings

Preliminary Analyses

A mixed-methods research design was employed with longitudinal and cross-sectional analyses conducted to address the research questions. The predominant focus of the investigation involved quantitative analyses, with qualitative, deductive thematic

analyses used to provide a richer account of students’ thoughts about hope and the Raising Hope Programme over time. Previous research studies that employed a longitudinal research design only included participants who completed questionnaires at all data collection points (Green et al, 2006). Therefore, there were 21 participants in the intervention group and 21 in the comparison group.

Table 8: Overview of the data analyses presented in the three sections of the findings chapter.

<ul style="list-style-type: none"> • Preliminary Analyses <ul style="list-style-type: none"> ○ Tests for assumptions of normality ○ Correlations to examine student’s age as a possible covariate
<p>Section 1: The effectiveness of the modified “Raising Hope Programme”.</p> <p style="text-align: center;">Mixed-Methods</p> <ul style="list-style-type: none"> • Quantitative data: <ul style="list-style-type: none"> ○ Student’s ratings on the Children Hope Scores at pre-intervention, post-intervention and follow-up session. ○ Students’ ratings on the Evaluation of the Raising Hope Programme questionnaire at post-intervention and follow-up session.
<p>Section 2: The Nature of Student’s Well-being and Relationships with Hope”</p> <ul style="list-style-type: none"> • Quantitative Data Analysis: <ul style="list-style-type: none"> ○ Student’s ratings of their subjective well-being (Life satisfaction, happiness, positive and negative affect) at pre-intervention, post-intervention and follow-up. ○ Staff member’s evaluation of student well-being (Positive behaviours and total difficulties behaviours). ○ Student’s ratings on the Children Hope Scores at pre-intervention, post-intervention and follow-up session.
<p>Section 3: The Nature of Student’s Attributions and Links with Hope Levels</p> <ul style="list-style-type: none"> • Quantitative Data Analysis <ul style="list-style-type: none"> ○ Student’s ratings on the Attribution scale at pre-intervention, post-intervention and follow-up session. ○ Student’s ratings on the Children Hope Scores at pre-intervention, post-intervention and follow-up session.
<p>Section 4: Participants thoughts about changes in hope and the effectiveness of the Raising Hope Intervention</p> <ul style="list-style-type: none"> ○ Qualitative data: Deductive thematic analyses of student’s de-brief sessions at post-intervention and follow-up session.

Statistical analyses were conducted using SPSS version 18. A series of Pearson Product Moment Series Correlations revealed that age was not significantly correlated to any of the variables of interest at any time point so was not retained as a covariate. Cohen’s (1988: pp79-81) guidelines were followed when interpreting bivariate correlations in the research: small $r = .10$ to $.29$; medium $r = .30$ to $.49$; large $r = .50$ to 1.0 . The distribution of the variance was examined to test if data was normally distributed and homogeneity of variance occurred. The data set was screened for skewness, kurtosis and any outliers and their possible impact considered. For a number of the analyses the assumptions necessary to conduct parametric tests were violated and non-parametric tests were employed in these instances.

Section 1: The Effectiveness of the Raising Hope Programme.

RQ1: Is there an improvement over time in participants’ hope after taking part in the modified Raising Hope Intervention?

Hope Levels: An examination of the means presented in table 9 revealed that students in the intervention group scored around 4 on a 0-6 scale, which indicated that they felt hopeful “most of the time”. Students in the comparison group rated themselves to be approximately 4.5 on the 0-6 scale. A mixed between-within subjects analysis of variance was conducted to assess the impact of the Raising Hope Programme on participants’ “Hope scores” (Group: hope intervention, no intervention), across three time periods (Time: pre-intervention, post-intervention, post-intervention follow-up) compared to a comparison group. There was no significant interaction between group and time, Wilks’ Lambda = .99, $F(2, 39) = .03$, $p = .ns$, partial eta squared = .002. There was a significant main effect for group, $F(1, 40) = 9.4$, $p = .004$, partial eta squared = .19, with participants in the intervention displaying lower levels of hope compared to the comparison group (see Table 9). The main effect for time was approaching significance at a one-tailed alpha level, Wilks’ Lambda = .89, $F(2, 39) = 2.2$, $p = .11$ (two-tailed), partial eta squared = 0.10. The means are presented in Table 11 and indicate that the

hope scores continued to increase over time, especially from post-intervention to follow-up for the entire cohort.

Table 9: Mean levels of hope for participants in the intervention and comparison group at Pre-intervention, Post intervention (Time 2) and Post-intervention follow-up (Time 3).

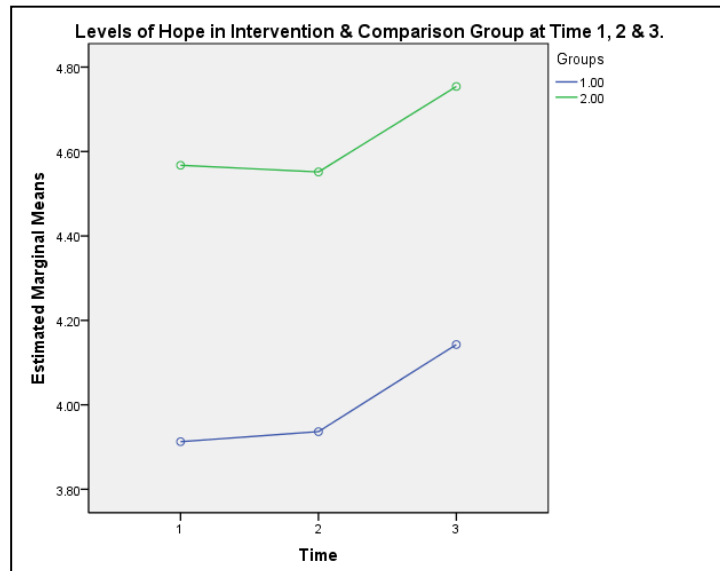
	Pre-intervention		Post-intervention		Post-intervention	
	Time 1		Time 2		Time 3	
	M	SD	M	SD	M	SD
Intervention Group	(n = 21)		(n = 21)		(n = 21)	
Hope Score (CHS)	3.9	.95	3.9	.75	4.1	.79
Total score	23.4	5.7	23.6	4.5	24.8	4.7
Comparison Group	(n = 21)		(n = 21)		(n = 21)	
Hope Score (CHS)	4.5	.72	4.5	.74	4.7	.56
Total score	27.4	4.3	27.3	4.4	28.5	3.41

These are the same scores but some studies report using Hope Score CHS and other the Total Scores: CHS scores involved the summed Agency and Pathways scores which are divided by the number of constituent items: Range = 1-6 The Total Score involves summing the Agency and Pathways Scores. Range = 6-36

Table 10: Means levels of hope in the intervention group compared to the comparison group.

Group	n	M	SD	P
Intervention Group	21	3.9	.10	***
Comparison Group	21	4.6	.08	

Range of Scores: CHS (1-6) 2-tailed alpha levels are presented



Group 1 = Intervention Group: Group 2 = Comparison Group

Figure 3.1 Levels of hope in intervention and comparison group at time 1, 2 and 3

Table 11: Means levels of hope in the intervention group compared to the comparison group.

Time	n	M	SD	P
Time 1 (Pre-intervention)	21	4.2	.13	p=#
Time 2 (Post-intervention)	21	4.2	.12	
Time 3 (Follow-up)	21	4.4	.11	

Range of Scores: CHS (1-6): 2-tailed levels are reported. P = .11.

RQ2: Is there an improvement over time in participants’ pathways thinking compared to the comparison group?

Pathways thinking: A mixed between-within subjects analysis of variance was conducted to assess the impact of the intervention on students’ “pathways scores” (Group: hope intervention, no intervention), across three time periods (Time: pre-intervention, post-intervention, post-intervention follow-up) compared to a comparison

group. There was no significant interaction between group and time, Wilks' Lambda = .97, $F(2, 39) = .59$, $p = ns$, partial eta squared = .03. The main effect for time was significant, Wilks' Lambda = .82, $F(2, 39) = 4.1$, $p < .05$, partial eta squared = .17, with the means indicating an increase in pathways thinking over time (see Table 12). There was a significant main effect for group, $F(1, 40) = 4.4$, $p < .05$, partial eta squared = .10 with students in the intervention group showing lower levels of pathways thinking compared to the comparison group (see Table 13).

Table 12: Means levels of Pathways scores at Pre, post-intervention and follow-up points.

Time	n	M	SD	p
Time 1 (Pre-intervention)	21	12.0	.48	*
Time 2 (Post-intervention)	21	12.5	.45	
Time 3 (Follow-up)	21	13.1	.36	

Pathways Scores – the sequence of events and tasks which form the route from present performance to final goal achievement. * = $P < .05$: Two tailed alpha levels are reported:

Table 13: Students' means levels of Pathways scores in the intervention and comparison group.

Group	n	M	SD	p
Intervention Group	21	11.8	.37	*
Comparison Group	21	13.3	.32	

Pathways Scores – the sequence of events and tasks which form the route from present performance to final goal achievement. * = $P < .05$: Two tailed alpha levels are reported

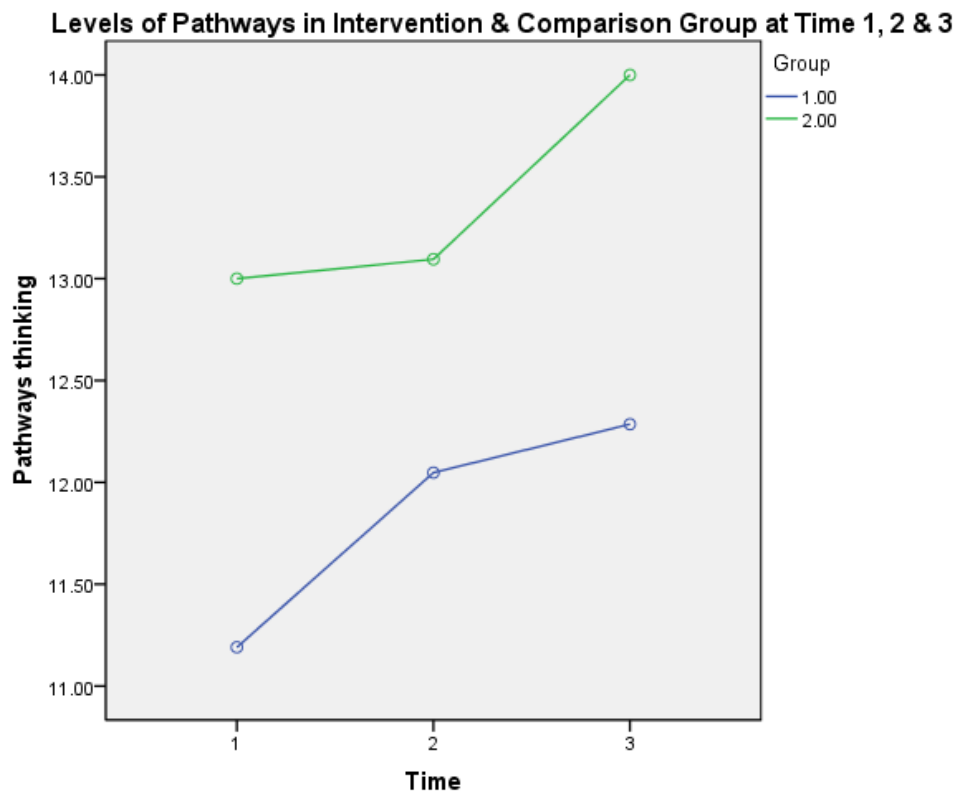


Figure 3.2 Levels of pathways in Intervention and Comparison group at time 1, 2 and 3

RQ3: Is there an improvement over time in participants’ agency thinking compared to the comparison group?

Agency Thinking: The group means for Agency scores are presented in Table 14. It was not possible to conduct a mixed between-within subjects analysis of variance for agency thinking as Levene’s Test of Equality of error variance was significant for the agency scores at time 2, $F(1, 40) = 3.8$, $p < .05$ and time 3 $F(1, 40) = 4.6$, $p < .05$ indicating a lack of homogeneity of variance. The Kolmogorov-Smirnov tests was significant for Agency scores at time 1 and time 2 suggesting the violation of the assumption of normality. Unfortunately, there are no corresponding non-parametric test available, especially to investigate the interaction between the dependent variables. It is possible to test the main effects using non-parametric test and these are presented below, but it should

emphasised that these findings can only be regarded as preliminary and treated with caution until replicated in further studies.

Table 14: Mean levels of agency scores for participants in the intervention and comparison group at Pre-intervention, Post intervention (Time 2) and Post-intervention follow-up (Time 3).

	Pre-intervention		Post-intervention		Post-intervention	
	Time 1		Time 2		Time 3	
	M	SD	M	SD	M	SD
Intervention Group	(n = 21)		(n = 21)		(n = 21)	
Agency Scores	12.2	2.6	11.5	3.2	12.5	2.9
Control Group	(n = 21)		(n = 21)		(n = 21)	
Agency Scores	14.4	2.0	14.2	2.2	14.5	1.6

Agency Scores - Thoughts and beliefs relating to the likelihood of achieving the task:

To investigate if there was a significant difference in the agency scores for the intervention and control group, a series of three Mann-Whitney U Tests were conducted and revealed a significant difference in the levels of agency scores that students who participated in the intervention displayed at time 1, $U = 124.5$, $z = -2.4$, $p < .01$, $r = .53$; Time 2, $U = 110.5$, $z = -2.7$, $p > .005$, $r = .6$ and time 3, $U = 133.5$, $z = -2.2$, $p > .05$, $r = .6$ compared to the comparison group. Refer to

A series of Friedman tests were conducted to examine the within group differences over time for the intervention group and control group respectively. The median scores are also presented in table 15. Findings revealed that there was no significant difference in the levels of agency scores in the intervention group across the three time points (pre-intervention, post-intervention, follow-up assessment) $X(2, n = 21) = 1.4$, $p = ns$.

A second Friedman test also revealed that there was no significant difference in the levels of agency scores for students in the comparison group, $X(2, n = 21) = .25$, $p = ns$. The findings suggest that the intervention was not successful in raising students' levels of agency scores over time.

Table 15: Students’ median scores in the intervention and comparison group.

Group	n	Time 1		Time 2		Time 3	
	21	MD	P	MD	P	MD	P
Within Group Comparison (Mann Whitney U tests)							
Intervention Group		16.9	*	16.2	***	17.3	*
Comparison Group		26.0		26.7		25.6	
Between Group Comparison (Friedman Tests)							
Intervention Group		12		12		13	ns
Comparison Group		14		14		15	ns

Agency Scores - Thoughts and beliefs relating to the likelihood of achieving the task:. * = $P < .05$: Two tailed alpha levels are reported

RQ4: Is there an improvement over time in participants’ ability to identify: positive and specific goals: barriers to goals: strategies to overcome barriers: to achieve goals?

Preliminary analyses revealed that several assumptions relating to parametric tests were violated so the non-parametric, Wilcoxon Signed Rank Test was used to investigate if there was a significant difference in participant’s rating of their “enjoyment in participating” and how helpful they rated the to be intervention for identifying “positive and specific goals”, “barriers to goals”, “strategies to overcome barriers” and to be “able to achieve goals” immediately after completing the intervention and then at follow-up. Refer to Table 16 for a presentation of the means and median scores.

Table 16: Participant’s evaluations of the effectiveness of the “Raising Hope Intervention”.

	Time 2 - (Post-intervention - ST)			Time 3 - Post-intervention - LT)			P
	M	SD	Median	M	SD	Median	
Identify positive and specific goals	4.3	.12	4	3.9	.15	4	P<.05
Identifying barriers to goals	4.0	.16	4	3.8	.13	4	ns
Identify strategies	4.3	.13	4	3.9	.17	4	P<.05
Achieve goals	4.1	.16	4	4.1	.14	4	ns

1-5 point (1 = not at all; 5 = very much) Likert scale

An examination of the means revealed that participants rated the intervention as helping them “a lot” to be able to identify positive and specific goals immediately post intervention. A Wilcoxon Signed Rank Test revealed a statistically significant difference in participants’ ratings of how helpful the intervention was to identify positive and specific goals post-intervention compared to the follow-up, $z = -2.1$, $p < .05$, with a medium effect size ($r = .45$). The actual median score on the “identify positive and specific goals” was ($Md = 4$) and ($Md = 4$) respectively. The findings suggested that participants continued to rate the intervention as helping them “a lot” to identify positive and specific goals post-intervention at the follow-up assessment (Time 3).

An examination of the means revealed that participants reported that the intervention helped them “a lot” to be able to identify possible barriers to their goals. A Wilcoxon Signed Rank Test revealed there was no significant difference in being able to identify “possible barriers to their goals” post intervention and several months later, $z = -1.1$, ns. The median score on the “Enjoyment in Participating” remained at ($Md = 4$) to ($Md = 4$). The findings indicate the participants continued to rate the intervention as helping them “a lot” to be able to identify potential barriers both immediately post-intervention and at follow-up.

An examination of the means revealed that participants rated the intervention as helping them “a lot” to identify “strategies” immediately post-intervention. A Wilcoxon Signed Rank Test revealed a statistically significant difference in “identifying pathways” post-intervention and several months later, $z = -1.9$, $p < .05$, with a medium effect size ($r = .41$). The median score on “identifying pathways” remained at ($Md = 4$) to ($Md = 4$), suggesting they continued to find it very helpful.

An examination of the means revealed that participants reported that the intervention helped them “a lot” to be able to achieve their goals. A Wilcoxon Signed Rank Test revealed there was no significant difference in how much the intervention helped them to “achieve their goals” post intervention and several months later, $z = -.33$, ns. The median score on the “Achieve goals” remained at ($Md = 4$) to ($Md = 4$). The findings suggest that the participants continued to rate the intervention as helping them “a lot” to achieve their goals post-intervention and at follow-up several months later.

RQ5: Would participants over time recommend participation in the Raising Hope Programme to other students?

A total of 21 participants (100%) would recommend taking part in the “Raising Hope Intervention” to other students when asked immediately after taking part and at follow-up several months later.

Table 17: Percentage of Pupils who recommended taking part in the “Raising Hope Programme” post-intervention and at follow up.

% of pupils who would recommend the Raising Hope Programme post-intervention.	% of pupils who would recommend the Raising Hope Programme at follow-up.
21	21
100%	100%

Section 2: The Nature of Students’ Well-being and Relationship with Hope Levels.

RQ6: Is there an improvement over time in participants’ levels of well-being?

It was predicted that there would be an improvement in life satisfaction, happiness, positive affect and prosocial behaviour and a reduction in negative affect and total difficulties behaviour after taking part in the intervention.

A one-way repeated measures ANOVA was conducted to compare the Happiness scores across the three time periods. Refer to Table 18 for a presentation of the means. There was no significant main effect for time, Wilks’ Lambda = .25, $F(2, 19) = .06$, $p = ns$. The findings suggested that there was stability in the individual differences in students’ ratings of happiness across the three time periods. The results of a one-way repeated measures ANOVA indicated that there was no statistically significant difference for life satisfaction across three time points (pre-intervention, post-intervention, follow-up), Wilks Lambda $F(2,19) = .11$, $p = ns$, multivariate partial eta squared = .012. An examination of the means revealed stability in life satisfaction scores over time.

Table 18: Means for subjective well-being (happiness, positive and negative affect, life satisfaction) and teacher rated prosocial behaviour and total difficulties score (SDQ)

	Pre-intervention			Post-intervention			Post-intervention		
	Time 1			Time 2			Time 3		
Intervention Group	(n = 21)			(n = 21)			(n = 21)		
SWB	M	SD	Md	M	SD	Md	M	SD	Md
Happiness	18.1	.62		18.3	.82		18.2	.95	ns
Positive Affect	37.3	1.3	39	38.1	1.21	39	37.8	1.2	40 ns
Negative Affect	24.2	1.6	23	23.6	1.7	23	21.3	1.3	21 ns
Life Satisfaction	2.8	.06		2.9	.07	3.0	2.9	.08	ns
Prosocial Behaviour	6.1	.41	6	6.1	.37	5	6.0	.48	5.5 ns
Total Difficulties	12.2	.95	13	10.8	.97	10.5	11.5	1.1	11.5 *

SWB = Subjective well-being: Happiness range = (4-28); Positive and negative affect range = (10-50):

Investigations revealed that the distribution of positive and negative affect scores violated the assumptions of normality so non-parametric tests were conducted. The results of a Friedman tests indicated there was no statistically significant difference for positive or negative affect across three time points (pre-intervention, post-intervention, follow-up), $\chi^2(2, n = 21) = 1.25, p = ns$; $\chi^2(2, n = 21) = 1.8, p = ns$. Refer to table 18 for a presentation of the median scores. Inspection of median values showed stability in the negative affect scores at Time 1 ($Md = 23$), to post-intervention ($Md = 23$), although there was a reduction at the follow up phase, but this was not significantly lower ($Md = 21$).

A Friedman test indicated there was a significant difference for staffs' rating of participant's total difficulties scores across three time points at a one-tailed alpha level (pre-intervention, post-intervention, follow-up), $\chi^2(2, n = 20) = 4.8, p = .09$ (two-tailed). Refer to table 18 for a presentation of the median and mean scores. The median values showed a decrease from Time 1 ($Md = 13$), to post intervention ($Md = 10.5$) and an increase at follow up, but still lower than pre-intervention levels ($Md = 11.5$). Post-hoc testing involving individual Wilcoxon Signed Rank Tests using a Bonferroni adjusted alpha value (.025) to control for Type 1 error were conducted. The tests revealed that the greatest difference lay between the Time 1 and Time 2 scores but the difference was not significant, $z = -1.3, p = ns$. An examination of the means revealed that on average students' total difficulties scores lay in the “borderline” range before taking part in the intervention but afterwards scored in the normal range.

There was no statistically significant difference for teacher's rating of students' prosocial behaviour across three time points (pre-intervention, post-intervention, follow-up), $\chi^2(2, n = 21) = .43, p = ns$. Refer to table 18 for an inspection of the medians. Mean levels of prosocial behaviour falls within the normal range (6-10).

RQ7: Is there an association over time between participants’ hope levels and well-being?

It was predicted that higher levels of hope would be related to higher levels of happiness, life satisfaction, increased positive affect and lower levels of negative affect. Furthermore, it was postulated that higher levels of hope would be positively correlated with positive behaviours and negatively correlated to total difficulties questionnaires. The relationship between levels of hope with happiness and life satisfaction respectively were investigated using a Pearson Product- Moment correlation co-efficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. The relationship between levels of hope and positive and negative affect, prosocial behaviour and total difficulties was examined using non-parametric, Spearman rho correlations due to the assumptions of normality being violated for the positive and negative affect. Refer to table 19 for a presentation of the correlation co-efficients. Given the number of co-efficients presented only those that reached traditional levels of significance will be discussed.

Links between Levels of Hope (Agency & Pathways) and Happiness over time.

Levels of Hope X Happiness (refer to table 19): There was a strong, positive correlation between student’s ratings of hope and happiness at pre-intervention, $r = .65$, $p < .001$ and post-intervention phases, $r = .61$, $p < .005$, with high levels of hope associated with higher levels of happiness. *Levels of Pathways Thinking and agency thinking X Happiness:* There was a strong, positive correlation between student’s ratings of their levels of pathway’s thinking and happiness at pre-intervention, $r = .61$, $p < .005$, post-intervention $r = .64$, $p < .005$, and follow-up $r = .50$, $p < .01$, with high levels of pathways thinking associated with higher levels of happiness at the three time points. There was a strong positive correlation between levels of agency thinking and happiness at pre-intervention, $r = .63$, $p < .01$.

Links between Hope (Agency & Pathways) & Life Satisfaction over Time.

Levels of Hope (Pathways and Agency) X Life Satisfaction (refer to table 19): There was a strong, positive correlation between student’s ratings of hope and life satisfaction at

pre-intervention, $r = .51$, $p < .01$ and post-intervention phases, $r = .73$, $p < .001$, with high levels of hope associated with higher levels of life satisfaction. *Levels of Pathways and Agency Thinking X Life Satisfaction:* There was a medium, positive correlation between students' ratings of pathways thinking and life satisfaction at pre-intervention, $r = .35$, $p < .01$ and post-intervention phases, $r = .46$, $p < .01$, with high levels of pathways thinking associated with higher levels of life satisfaction. There was a strong, positive correlation between student's ratings of their levels of agency thinking and life satisfaction at pre-intervention, $r = .65$, $p < .005$ and post-intervention phases, $r = .59$, $p < .005$, with high levels of agency thinking associated with higher levels of life satisfaction at both time points.

Table 19: Bivariate Pearson Product Moment and Spearman Rho Correlations between Levels of Hope and Well-being.

	Pre-intervention			Post-intervention			Post-intervention		
	Time 1			Time 2			Time 3		
	Hope	Agency	Pathways	Hope	Agency	Pathways	Hope	Agency	Pathways
	(n = 21)			(n = 21)			(n = 21)		
Subjective Well-being									
Happiness	.65***	.36***	.61***	.61***	.24	.64***	.47#	.32#	.50**
Life Satisfaction	.51**	.65***	.35*	.73***	.59***	.46**	.29#	.24	.29
Positive Affect	.64***	.60***	.63***	.70***	.41*	.70***	.61***	.63***	.44*
Negative Affect	.03	-.01	.09	-.06	.05	-.19	-.22	-.15	-.31#
Teacher's Ratings									
Prosocial Behaviour	-.13	-.14	-.05	-.08	-.17	.06	.05	.14	.04
Total Difficulties Score	-.25	-.27	-.28	.03	-.12	.21	-.22	-.24	-.24

P<.001 = **** P<.005 = *** p<.01 = ** P<.05 = *: 1-tailed hypotheses levels are presented. # = .06-.09

Links Between Hope (Agency & Pathways) & Positive Affect over Time.

Levels of Hope X Positive Affect (refer to table 19): There was a strong, positive correlation between student’s levels of hope and positive affect at pre-intervention, $r = .64$, $p < .001$, post-intervention $r = .70$, $p < .01$ and follow-up phase, $r = .61$, $p < .005$, with higher levels of hope associated with higher levels of positive affect. *Levels of Pathways and Agency Thinking X Positive Affect:* There was a strong, positive correlation between student’s levels of pathways thinking and positive affect at pre-intervention, $r = .63$, $p < .001$, post-intervention $r = .70$, $p < .01$ and a medium, positive correlation at the follow-up phase, $r = .44$, $p < .05$, with higher levels of pathways thinking associated with higher levels of positive affect at the three time points. There was a strong, positive correlation between student’s levels of agency thinking and positive affect at pre-intervention, $r = .60$, $p < .005$, and follow-up, $r = .63$, $p < .005$ and a medium, positive correlation at the post-intervention phase, $r = .41$, $p < .05$, with higher levels of agency thinking associated with higher levels of positive affect at the three time points.

Levels between Hope (Agency & Pathways) and Negative Affect over Time.

There were no significant correlations between student’s ratings of levels of hope and negative affect at the pre-intervention, post-intervention or follow-up. Refer to table 19.

Links Between Hope (Agency & Pathways) & Total Difficulties Score Over Time.

There were no significant correlations between student’s ratings of their hope, pathways or agency thinking and staff member’s ratings of student’s total difficulties score over time. Refer to table 19.

Links Between Hope (Agency & Pathways) & Prosocial Behaviour over Time .

There were no significant correlations between participants’ ratings of their hope, pathways or agency thinking and staff member’s ratings of student’s prosocial behaviour over time. Refer to table 19.

Section 3: Nature of Students’ Attributions and Links with Hope Levels.

RQ8: Is there an improvement over time in participants’ positive and negative attributions?

Given that the Positive attributions at Time 1, Negative Attributions at Time 3 and Composite score at Time 1 violated the assumptions of normality tested using the Kolmogorov-Smirnov and an examination of the box plots revealed some kurtosis and skewness (above 1.96) it was considered prudent to employ non-parametric tests to examine group differences across time for students’ attributions scores. The results of a Friedman test indicated that there was no statistically significant difference for students’ rating of the composite scores across three time points (pre-intervention, post-intervention, follow-up), $\chi^2(2, n = 21) = .16, p = ns$. Inspection of median values showed the composite attribution scores at Time 1 was ($Md = 2$), post-intervention ($Md = 2$) and an increase a follow up ($Md = 4$), although this was not significant. Refer to table 20 for a presentation of the medians and mean.

The results of a Friedman test indicated that there was no statistically significant difference for student’s rating of positive attributions across three time points (pre-intervention, post-intervention, follow-up), $\chi^2(2, n = 21) = .2, p = ns$. Inspection of median values showed that stability in the composite attribution scores at pre-intervention 1 ($Md = 7$), to post-intervention ($Md = 7$) to follow up ($Md = 7$). A series of Friedman tests indicated that there was no statistically significant difference for students’ rating of positive internal, positive stable or positive global attributions across the three time points (pre-intervention, post-intervention, follow-up), $\chi^2(2, n = 21) = 3.3, p = ns$, $\chi^2(2, n = 21) = .13, p = ns$, $\chi^2(2, n = 21) = .13, p = ns$. Refer to Table 20 for a presentation of the means.

Table 20: Mean levels and Median Values for Students’ Composite Attributions, Positive and Negative Attributions and Positive and Negative internal, stable and global attributions.

	Time 1 (n = 21)			Time 2 (n = 21)			Time 3 (n = 21)		
	M	SD	MD	M	SD	MD	M	SD	MD
Attributions									
Composite Scores	2.8	8.3	2	3.4	.78	2	4.3	.70	4
Positive Attributions	6.5	.46	7	7.0	.46	7	7.1	.46	7
Internal	2.0	.22	2	2.4	.22	2	2.4	.22	3
Stable	2.4	.25	3	2.5	.22	3	2.6	.19	3
Global	2.0	.27	2	2.0	.20	2	2.1	.25	2
Negative Attributions	-3.3	.63	-4	-3.5	.64	-4	-3.0	.54	-3
Internal	-1.1	.28	-1	-1.0	.28	-1	-.76	.29	0
Stable	-1.0	.37	-1	-1.4	.29	-2	-.76	.29	-1
Global	-1.1	.19	-1	-1.1	.26	-1	-.80	.21	0

Positive attribution: Range = 0/12 Negative attributions: range = 0/ -12 Composite scores: range =

A Friedman test indicated there was no statistically significant difference for students’ rating of negative attributions across three time points (pre-intervention, post-intervention, follow-up), $\chi^2(2, n = 21) = 1.4$, $p = ns$. Inspection of median values showed that stability in the composite attribution scores at Time 1 ($Md = -4$), to post-intervention ($Md = -4$) to follow up ($Md = -4$). A series of Friedman tests indicated there was no statistically significant difference for students’ rating of negative internal, positive stable or positive global attributions across the three time points (pre-intervention, post-intervention, follow-up), $\chi^2(2, n = 21) = 1.0$, $p = ns$, $\chi^2(2, n = 21) = 1.8$, $p = ns$, $\chi^2(2, n = 21) = 2.6$, $p = ns$. Refer to Table 20 for a presentation of the medians.

RQ9: Is there an association over time between participants’ levels of hope and attributions?

It was predicted that students with more positive attributions would display higher levels of hopeful thinking, including increased levels of pathways and agency thinking. Conversely, it was predicted that students with more negative attributions would display lower levels of hope, including both decreased pathways thinking and agency thinking. It was predicted that students who displayed more negative internal, stable and global attributions would display lower levels of hope (lower pathways and agency scores) than when students’ attributions were more external, unstable and specific. The relationship between student’s levels of hope (pathways and agency thinking) and attributions (positive and negative) was examined using non-parametric, Spearman rho correlations due to the assumptions of normality being violated for positive and negative attributions. Refer to table 21 for a presentation of the correlation co-efficients. Only significant correlation co-efficients will be discussed.

Links Between Levels of Hope (Agency & Pathways) and Positive Attributions (Internal Global, Stable) over Time.

Levels of Hope X Positive Attributions (refer to table 21): There was a strong, positive correlation between students’ ratings of hope and positive attributions at the follow-up stage, $r = .35$, $p < .05$, with higher levels of hope associated with higher levels of positive attributions at Time 3. *Levels of Pathways and Agency Thinking X Positive Attributions.* There was a medium, positive correlation between students’ pathways thinking and positive attributions at the post-intervention phase, $r = .44$, $p < .05$ with higher levels of pathways thinking associated with higher levels of positive attributions at Time 2. There was only one medium, positive correlation between student’s ratings of agency thinking and positive attributions at the follow-up phase, $r = .41$, $p < .05$, which suggested that higher levels of positive attributions were associated with higher levels of agency thinking at Time 3.

Table 21: Bivariate Spearman Rho Correlations between Levels of Hope and Attribution Styles.

	Pre-intervention Time 1			Post-intervention Time 2			Post-intervention Time 3		
	Hope	Agency	Pathways	Hope	Agency	Pathways	Hope	Agency	Pathways
	(n = 21)			(n = 21)			(n = 21)		
<i>Positive Attributions</i>	.20	.21	.18	.20	-.12	.44*	.35*	.41*	.31#
Internal	-.02	.00	-.02	-.06	-.31	.14	.00	.22	.03
Stable	.29#	.31#	.21	.10	-.02	.27	.39*	.36*	.33#
Global	.11	.13	.12	.46**	.12	.56***	.13	.22	.02
<i>Negative Attributions</i>	.09	.10	.12	-.08	.14	-.33#	.15	.28	-.18
Internal	.49*	.48*	.49*	.03	.21	-.20	.40*	.46**	.16
Stable	-.12	-.08	-.10	-.07	.25	-.43*	.00	.15	-.31#
Global	-.02	-.06	-.05	-.19	-.30#	-.02	-.06	.11	-.14

P<.001 = **** P<.005 = *** p<.01 = ** P<.05 = *: 1-tailed hypotheses levels are presented.

Levels of Hope (Pathways and Agency Thinking) X Internal, Stable and Global Positive Attributions. For a presentation of all the correlation co-efficients refer to table 21. There were medium, positive correlation between students’ stable, positive attributions and levels of hope, $r = .39$, $p < .05$ agency thinking, $r = .36$, $p < .05$ at the follow-up phase. This suggests that higher levels of stable, positive attributions were associated with higher levels of hope and agency thinking at Time 3. There was a strong, positive correlation between student’s global, positive attributions and hope levels, $r = .46$, $p < .05$ and pathways thinking, $r = .56$, $p < .005$ post-intervention, suggesting that higher levels of global, positive attributions were associated with higher levels of hope and pathways thinking at Time 3. There were no significant correlations involving internal, positive attributions and levels of hope, pathways or agency thinking.

Links Between Levels of Hope and Negative Attributions over Time.

Levels of Hope X Negative Attributions (refer to Table 21): There was one medium, negative correlation between student’s levels of negative attributions and pathways thinking post-intervention, $r = -.33$, $p = .07$ that was approaching significance. This suggested that higher levels of negative attributions were associated with lower levels of pathways thinking at Time 3.

Levels of Hope (Pathways and Agency Thinking) X Internal, Stable ,and Global Negative Attributions). For a presentation of all the correlation co-efficients refer to table 21. There was a medium, negative correlation between student’s stable, negative attributions and levels of pathways thinking post-intervention, $r = -.43$, $p < .05$, which suggests that higher levels of stable negative attributions were associated with lower levels of pathways thinking post-intervention. There were medium, positive correlation between students’ internal negative, attributions and hope levels at the pre-intervention, $r = .49$, $p < .05$, and follow-up assessment phases, $r = .40$, $p < .05$, but not at the post-intervention phase. This suggests that higher levels of negative, internal attributions were linked to higher levels of hope at Time 1 and Time 3. There were medium, positive correlations between student’s internal negative attributions and levels of agency thinking at the pre-intervention, $r = .48$, $p < .05$, and follow-up assessment phases, $r =$

.46, $p < .05$, but not at the post-intervention phase. This suggests that higher levels of negative, internal attributions were linked to higher levels of agency thinking at Time 1 and Time 3. There were no significant correlations involving global negative attributions and levels of hope, pathways or agency thinking.

Qualitative Data - Thematic Analyses

The findings from the thematic analysis of the intervention de-brief are described, analysed and interpreted for both the post-intervention (Time 2) and follow-up assessment several months later (Time 3). To facilitate their discussion, master themes are presented as thematic maps. In addition, diagrams are presented for the master themes and constituent sub-themes. Data extracts are provided to illustrate themes and their interpretation in this chapter. Refer to the CD rom for data extracts and codes for the master themes and participants’ response to each of the questions asked in the de-brief session at Time 1 and 2. For a list of the questions refer to the methodology section. The following sections present findings from the thematic analysis which serves to describe, compare and contrast Master themes and subthemes at the two different time points.

Thematic Analysis of Data from Post-intervention (Time 2) and Follow-up Be-brief (Time 3).

Using thematic analyses, four master themes were derived from participants’ responses to questions asked during the de-brief sessions at Time 2 and Time 3. The four master themes derived were 1) Hope and Goals 2) Hope Enhancing 3) Hope bonding and 4) Hope Reminding They are presented in Figure 3.3.



Figure 3.3: Master Themes for Post-Intervention (Time 2) and Follow-up De-briefs (Time 3).

1 Master Theme One: Hope and Goals

The first Master theme: “Hope and Goals” was generated through thematic analysis of the information provided in the post-intervention and follow-up de-brief sessions regarding changes in students’ hope levels after taking part in the Raising Hope Programme. The sub-themes are illustrated in Figure 3.4.

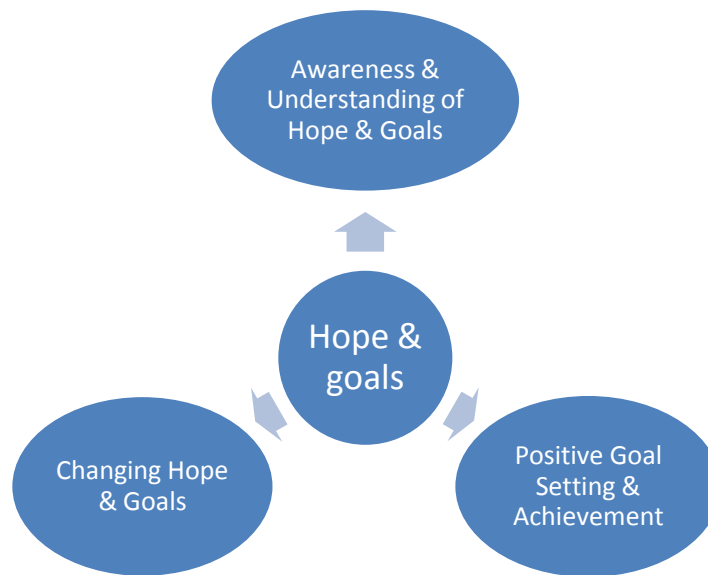


Figure 3.4: Main Theme – “Hope and Goals” with sub-themes “Awareness & Understanding of Hope & Goals”, “Positive Goal Setting & Achievement” and “Changing Hope & Goals”.

Sub-theme 1.1: Awareness and Understanding of Hope and Goals

At Time 2, a small number of participants reported that before taking part in the Raising Hope Programme they had not previously thought about the concept of hope or considered identifying goals in their lives. For example:

- *“I hadn’t thought of hope before and it’s useful because it can show you how to get past things .*
- *“It made me realise that I didn’t have any goals*
- *“To think about what I wanted my goals to be because I hadn’t actually thought about them before”*

Interestingly at Time 3, student’s reflectivity regarding their awareness of and developing understanding of hope and goals appeared to have deepened.

- *We looked at it in a different way to how I first thought, how you make goals and positive thinking and stuff.*
 - *It hadn’t come to mind before, like, the stuff we did. Everyone should get a chance. More people should know how to do things, but they just don’t show it. It helps people to overcome barriers, think more about themselves and respect themselves more.*
-

- *I found out there is hope for everyone, not just those who know they can do it.*
- *Yea, a bit, like it made me think more, more about what it is.*

Sub-theme 1.2: Positive Goal setting and Achievement

At Time 2, immediately following participation in the Raising Hope Programme some students reported that they had learnt to appreciate that setting goals provided an important step towards achieving success by acting as a focus to aim towards and a target to review their progress. For example:

- *I have learnt about goals and I set myself one and see if I can achieve it. If I want something I can aim for it.*
- *But if I did have goals I could do it”*
- *That you can have lots of hope in life and that you can sometimes achieve your goals.*

At Time 3, this sub-theme was also evident in the following examples:

- *I always thought that hope was when you tried to achieve something.*
- *It has helped me to try and think bigger and then to achieve more of what I want.*

At Time 2, some students rated themselves as being more positive in their goal setting and associated thinking styles. For example:

- *I have learnt that you should set goals and stay positive about the goals.*
- *Sort of changed my goals...yea, because if you think about it positively you may achieve it.*
- *I'm more positive so my goals are going to be a bit harder and bit better.*
- *Yes, it has, as my goals are always positive.*

At Time 3, some students also reported this to be the case:

- *Yea, it was helpful, it made me think positively.*
 - *Be positive, you can achieve what you want to achieve.*
 - *I'm more hopeful about working towards my goals, I've learnt to be positive and specific.*
-

1.3 Sub-theme: Changing Hope and Goals

At Time 2, when students were asked if their view of hope had changed some referred to hope as encompassing goals.

- *Hope means that everybody has a goal.*
- *I have learnt how to break up hope into goals and that your agency is just as important as others.*
- *Yea, now I know that hope can be used in different ways.*

This was also evident at Time 3 when the following statements were reported:

- *That everyone has a goal.*
- *We looked at it in a different way to how I first thought, how you make goals and positive thinking and stuff.*
- *In some ways it has helped me to think about more things to do. I now think about more goals.*

At Time 2, the nature of specific goals reported related mainly to career options and past-times.

- *I can work in groups, my goal is that I want to be a mechanic and I can go to college. I can talk to mum and dad's friends about doing to work at their garage to see if I like it. I hope I won't be naughty.*
- *Am not hopeful about the football, but hope to go through training to get into the army.*

At Time 3, students continued to refer mainly to goals relating to their career choices, but for some, although not all students, there was a greater acknowledgement about how their experiences in school may relate to attaining their career goals:

- *My hope now is I work hard throughout the rest of school and get a good job. Don't waste school. I was always hopeful about the future but it has helped me to be more hopeful about what I am doing in school.*
 - *Yea, because I never had hope before but now I do in being a hairdresser.*
 - *I'm more brave in drama so I'm better and more enthusiastic. I've changed what I want to be. I used want to be a footballer but now I want to be an actor, a main actor in a movie..yea, I've been in a bollywood movie, I was a bully. The course helped me to think about my goals more and to be more confident and to work hard*
-

in drama. I've got more involved in groups, so that I do better with my friends in drama.

- *I don't really have any goals in school. I just want to get out as quickly as I can cos I don't like school, I just want to get it over with.*

Students at Time 3 referred to their goals being more realistic after taking part in the intervention.

- *Sort of, I've set more realistic goals, I used to want to be a footballer whereas now I want to be a coach, that I can actually achieve.*
- *My old goal was to be a footballer, but I realise now that I can't do that so I have changed to the army, I have more realistic goals.*
- *Kind of, it has made them (goals) more realistic, they are still good ones but not massively unrealistic. I thought it would be easy to pass grades and stuff, whereas now I know I need to study.*
- *Yes, instead of simple or easy ones it helps me to think of goals I could actually do.*

At Time 3, some students emphasised that taking active steps to achieve hope has constituted a change in their thinking from conceptualising it as something that you passively wish for.

- *Yes, because when you think of hope, you think “hope I get that” instead of actively trying to get it. Now you can think about what you want to be and how you are going to get there”.*
- *I used have hope like “I hope I get to school” or I hope to get some snow this year”. But now it's like you don't have to wish for something, you can make it happen by working for it.*

2. Master Theme 2: Hope Enhancing

The second Master theme “Hope Enhancing” was also generated through thematic analysis of the post-intervention (Time 2) and follow-up de-brief (Time3). The constituent sub-themes, “Agency thinking”, “Pathways thinking”, “Strategies” and “Resources” are illustrated in Figure 3.5.



Figure 3.5: Master Theme 2: “Hope Enhancing” with sub-themes “Agency Thinking”, “Pathways Thinking”, “Strategies” and “Resources”.

Sub-theme 2.1: Agency Thinking

This sub-theme referred to some student’s reports of how the Raising Hope Intervention had enabled them to focus better on what they wanted and to develop positive beliefs about the likelihood of being able to and knowing how to achieve things. For example, at Time 2 the following statements were reported:

- *I have learnt how to break-up hope into goals and that your agency is just as important as others.*
- *I know how to achieve my goals.*
- *Shows how I could achieve my goals and how I could go for it.*
- *It has helped me to focus better on the things I want.*
- *Now I think positive thoughts I can achieve better, higher grades and achievements.*
- *I have been more hopeful that I can do anything if I use my skills.*

At Time 3, participants’ self-beliefs about their ability to achieve things, even the apparent impossible, by focusing their mind and positive beliefs were also evident. On this occasion, some students also referred to disregarding other’s negative assertions.

- *I can do something if I put my mind to it.*
 - *You can do anything you put your mind to, even if it seems impossible.*
-

- *It was helpful because before I wasn't good at maths but now I am. The hope thing has helped me to believe I could do stuff.*
- *I know I can achieve my goals.*
- *Nothing is impossible. Be positive, you can achieve what you want to achieve.*
- *You can have hope, don't let other people put you down, you can have hope and if other people put you down, don't listen.*

Sub-theme 2.2: Pathways Thinking

This sub-theme involves participants referring to how the Raising Hope Intervention had helped them to learn pathways thinking to actively plan and think ahead, break tasks into manageable steps and take action. At Time 2, the following was reported:

- *I now have plans for everything.*
- *To plan ahead and think of things that may happen and how I will cope with them and then to stay calm.*
- *Yes, I know I can do something and break it down into strategies. You can learn to test things and do it.*

At Time 3, students also referred to planning, adopting a step-by-step approach and actively achieving things logically:

- *Yes it has helped me to be more positive and specific about my goals and having pre-planning, look at how I change things step-by step and what qualities I have to help me.*
- *It helped me to look at things in a different way. Not sure how...mmm...Think about different things. How I could actually achieve things, what I would actually have to do. Look at it more logically.*

Overcoming Barriers: Some participants reported that they learnt to recognise that barriers or obstacles may present themselves, but it is possible to overcome them to achieve their goal. For example at Time 2:

- *Yes, I know if there are any obstacles in the way that I can overcome them, I don't think negatively anymore.*
- *Yes it made me overcome the barriers in my way to achieving them (goals)*
- *You can “Just do it” and to look at the barrier things.*

This was also evident at Time 3:

- *I can think of the barriers and how I can get passed them. You can always get rid of the barriers in one way or another.*
 - *I think of the barrier and then how to overcome it.*
-

Sub-theme 2.3: Strategies

This sub-theme relates to the strategies, skills and techniques that students reported potentially or actually using to achieve their hopes and goals. A broad range of strategies were reported by students. Firstly, positive thinking and reframing negative thoughts and attributions into positives ones. Secondly, remembering or repeating previous success to inform and inspire confidence when taking on new challenges. Thirdly, “Just do it” which underscores a degree of courage and avoidance of any procrastination or inhibiting negative thoughts. For example:

- *Positive thinking strategies, turning negative into positives just do it and being able to show bravery.*
- *To think back to the matches I have won before to make me more confident. Yea, I’m more confident..*
- *“Just do it” .*
- *If you have done the goal before you can do it again. The strategies I have learnt are to ask people how they deal with things and reframing. I can now think of ways to ignore (student’s name) if he is teasing me.*

Other strategies reported included the following: Referring to the “Raising Hope” booklet, asking for help with goal setting, not thinking negatively, testing things and asking others for advice about their skills or ignoring being teased.

Students reported that the “Raising Hope Programme” had helped them to learn and use similar strategies at Time 3, especially positive thinking, reframing, remembering previous achievements and “Just do it”. Two participants at Time 3 referred to noticing faulty thinking styles in others.

- *It has helped me to take the negative and turn it into something more positive and to have a more positive attitude.*
 - *I can look back at goals I have done and think of all the strategies I have used and these will help me to do more.*
 - *I’ve learnt to be patient and sometimes I use “Just do it” when I have work, which is really boring and people said “just do it” and I did it.*
 - *When I get stuck I ask people, teachers and am more willing to ask for help.*
 - *I see my sister gets annoyed and takes it out on other people. She thinks she’s done something really bad when she hasn’t. (Faulty thinking style)*
 - *When my sister and her friend, say a 5 year old neighbour is not intelligent, I say he is, it is just that his brain is less developed. I don’t look at things as negatively, I’m more accepting and positive (Faulty thinking style).*
-

At Time 2, many students reported implementing strategies in their daily lives, while a minority reported not implementing them. One student rated as having the lowest hope scores on the CHS, explained that she did not want “anything to change” when asked to explain why she was not using the strategies in her daily life.

- *Yes, I wanted to go to the fair but wasn't sure my mum would let me go, so I broke it down into step and strategies.*
- *I now try to think of something and do it*
- *Not yet*
- *No,(not using strategies), I don't want anything to change.*

At Time 3, participants were clearer about how they were actually implementing the strategies and some spoke about it in relation to their specific goals.

- *It made me think of more strategies to achieve these. Before I used to plan but now I actually do the plan.*
- *Yes I can go ahead and do things, practice doing people's hair. I spoke to a friend's mum who is going to let me help out in the salon and show others around.*
- *Yes, I plan, look at my scripts and keep practicing things. I also get more involved in groups, so that I can do better with my friends in drama.*

Sub-theme 2.4: Resources.

At Time 3, a few students suggested that the intervention included more board games and fewer fact sheets involving writing to be able to enhance their learning further.

- *Too many sheets and too much writing*
- *Other board games because we only got to learn two*

3. Master Theme 3: Hope Bonding

The third Master theme “Hope Bonding” includes the following sub-themes, “Sharing ideas and stories”, “Bonding” and “Group Size”. These are illustrated in Figure 3.6.

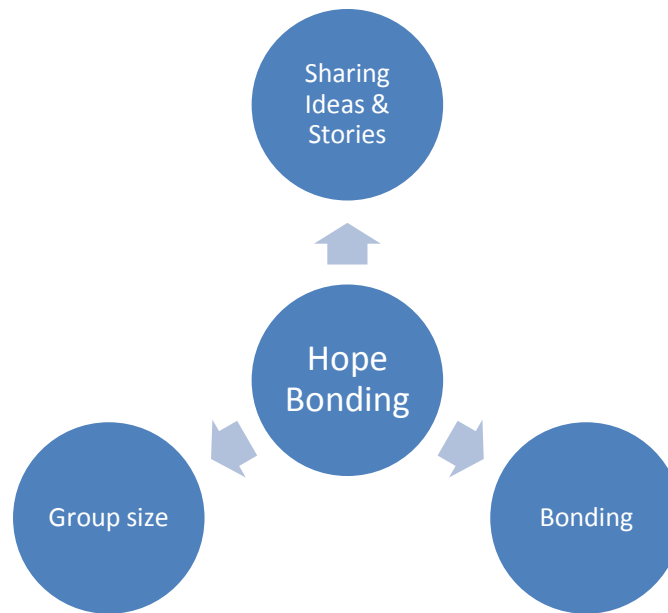


Figure 3.6: Main Theme – “Hope Bonding” with sub-themes “Sharing Ideas and Stories”, “Bonding”, “Group Size” and “Hope Reminding”.

Sub-theme 3.1: Sharing Ideas and Stories

This subtheme refers to the group providing a forum to share stories, narratives and ideas. At Time 2, several of the students reported that one of the best things about the group was that it afforded them an opportunity to share ideas, stories, express themselves and set goals. They valued that this occurred without interruption, in confidence and felt that the opportunity to be able to talk about their lives helped them overcome their problems. For example:

- *The best thing about the group is that we could share our story's and people helped us get over our problems.*
- *That you got to express your ideas.*
- *Being able to say what you wanted without interruptions.*
- *Being in a group with my friends and sharing ideas.*
- *Talking and playing board games and setting goals*

This subtheme was also evident at Time 3, when students once again referred to being able to share ideas, be themselves, express feelings, trust and at this stage referred to listening to others. The following examples were provided:

- *Being able to share ideas with other people.*
 - *That we could be ourselves and express our feelings and it helped us to achieve our goals*
-

- *Talking and playing board games and thinking about the goals.*
- *I liked talking and listening to the stories, and eating the lollipops.*
- *There was trust and a bit of freedom which I really liked.*

Sub-theme 3.2: Bonding

It appeared that knowing, getting to know or being friendly with other group members was important for some students. Some reported that being with friends in the group was important and others valued getting to know new people. Students valued being with “nice” people.

- *I had friends in the group *.*
- *Being with nice people*
- *Getting to know one another and to have lollies.*

This theme was also evident at Time 3 and there was also a reference to sorrow that the group had finished.

- *Everyone was friendly.*
- *People were nice and funny*
- *It was a nice, quiet place. I met some new friends and it helped me to achieve my goals.*
- *I knew everyone well*
- *We had a nice group and a nice teacher.*
- *I got on with other people in my group, it was really good and I was upset when it was finishing.*

Sub-theme 3.3: Group Size

At Time 2 and Time 3 most participants felt that the groups included the appropriate number of students to enable everyone to have an opportunity to contribute and sufficient numbers to allow discussions to take place. Examples at Time 2 are as follows:

- *Nice size, makes it easier, more fun*
- *I thought it was the right size as we all got a chance to speak*
- *Wasn't too small so that there weren't enough people to contribute and not too big, to feel nervous and be unhappy to contribute.*

Examples at Time 3 are as follows:

- *It was good, it wasn't too big or too small.*
- *Small and I liked it. Cos I didn't really like big groups*
- *Ok, wouldn't have anymore. Too many and then you don't get a fair say.*
- *Just the amount you could focus on and communicate with. If it was too little there would have been less work done and yet we had enough time to have fun.*

4. Main-theme 4.0: Hope Reminding

The fourth Master theme “Hope Bonding” includes the following sub-themes, “Reminder Sessions” and “Resources”. These are illustrated in Figure 3.7.

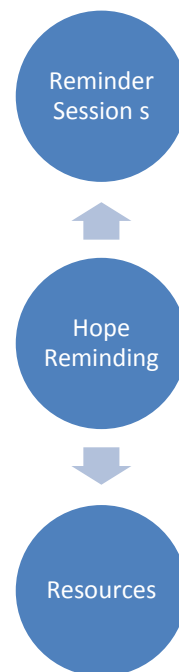


Figure 3.7: Main Theme – “Hope Reminding” with sub-themes “Reminder Sessions” and “Resources”.

Sub-theme 4.1: Reminder sessions

Most students at Time 2 felt there had been an appropriate number of sessions, but by Time 3 more students felt they would have liked additional sessions, either twice weekly during the intervention and possibly a refresher session in subsequent years to reacquaint them with their learning about hope. Examples of students’ responses at Time 2 are as follows:

- *I liked the timescale.*
- *Yes, there were the right number of sessions.*
- *Yes, as we looked at everything in detail.*
- *More sessions would be good.*

Examples at Time 3 are as follows:

- *You need more sessions twice a week beginning of the week. Something might have happened and you forgot about so need it to refresh your mind.*
- *I would have liked it more often, maybe twice per week.*
- *One more session. It was really fun, really liked it and wanted to do it again.*
- *To do it in Year 10/11 to refresh and help me when I really need it.*
- *Could do it through at another year. More than year 7. It was helpful in Year 7, because of being in a new school. In year 8 it could help you to focus on GCSEs.*

Sub-theme 4.2: Resources

At Time 3, a few students suggested that the intervention included more board games and fewer fact sheets involving writing.

- *Too many sheets and too much writing*
- *Different other board games because we only got to learn one*
- *Do some other stuff. Different activities every week*

3.2 Conclusions

This chapter has presented findings which have answered the research questions. The findings will be presented and discussed in the context of previous research in the discussion chapter.

Chapter 4

Discussion

4.0 Overview of the Chapter

This chapter will discuss the findings from the research within the context of previous literature. The first section will discuss whether the modified Raising Hope Programme was effective in raising students’ levels of hope over time. It will consider the associations between students’ well-being and levels of hope. Furthermore it will consider the possible implications of the reported links between students’ attributions and hope levels. A critique of the research strengths and limitations are presented, the implications of the findings for Educational Psychologists’ practice and future avenues for research discussed. Finally the researcher reflects on the research process.

4.1 The Effectiveness of the Raising Hope Intervention

Raising Adolescent Hope Levels

(RQ1) One of the primary aims of the research was to evaluate the effectiveness of the modified “Raising Hope Programme” over time. More specifically, it was interested in whether Year 7 student’s levels of hope improved over time compared to a comparison group of students who did not take part in the intervention. A strength of the research was that it employed a longitudinal design to investigate whether post-intervention scores were maintained several months later. Furthermore, a mixed-method approach investigated student’s levels of hope, using scores from the children’s hope scale, the Raising Hope Intervention questionnaire and deductive thematic analyses of student’s debrief sessions. Frederickson and Baxter (2010) stated that the children’s hope scale could be augmented with interview and observational data to assist interpretation.

Reference will be made to all sources of assessment in the examination of the effectiveness of the intervention.

Findings from a mixed between-within subjects analysis of variance of the CHS scores revealed that students who participated in the modified “Raising Hope Programme” did not rate their hope levels to be significantly higher immediately after taking part in the intervention or several months later, compared to their pre-intervention scores or ratings from students in the comparison group. The analyses revealed that students who took part in the modified “Raising Hope Programme” reported significantly lower levels of hope than students in the comparison group. Furthermore, there was a trend for students to report an improvement in their hope scores at the follow-up assessment compared to their pre-and post assessment scores.

Before any interpretations of the findings are discussed it is important to consider the levels of hope reported within each group over the three time points. An examination of the means revealed that on average students in the intervention group scored around 4 on a 1-6 scale over the three time points, which indicated that they felt hopeful “most of the time”. Students in the comparison group rated themselves to be approximately 4.5 on the 0-6 scale across the three time points. Frederickson et al (2010) reported that children scoring between 4 and 6 on the Children’s Hope Scale are likely to have a more positive cognitive bias.

The items for the CHS were developed in a study with 372 9-14 year olds attending mainstream schools (Snyder et al, 1997). The fifth sample of 154 boys and 168 girls aged between 9 and 13 years and attending mainstream schools provides the most useful data for making comparison within a UK context (Frederickson et al, 2010). The statistical information available indicates that within the total score range (from 6 to 36) the mean score was 25.71 and the standard deviation was 6.11. A more recent standardisation investigation was carried out using students from two high schools in a southeastern US state (Valle et al, 2006). This study generated data statistical information on two groups (ages 10-14 and age 15-19). For ages 10-14 years, the mean score for the total score

range was 28.89 with a standard deviation of 5.70. Frederickson et al (2010) report that generally, a difference of one standard deviation from the mean would indicate possible problems that require further consideration and any student scoring a difference of two standard deviations from the mean (ie Total Score less than 17) would indicate a very low level of hope which should be explored further. The mean for the Total Score in the current study at Time 1 was 25.4 (SD = 5.3), at Time 2 was 25.4 (SD = 4.8) and at Time 3 was 26.6 (SD) = 4.5. These scores are similar to the means reported in the original standardisation sample. An examination of the individual total scores for each student over time, in the current study, revealed the following number were in the first and second standard deviation scores: At Time 1, 3 students scored one standard deviation away from the mean and 3 scored two deviations away from the means in the intervention group. No students from the comparison group scored in these groups. At Time 2, 6 students scored one standard deviation way in the intervention group and two scored in the comparison group. At Time 3, 4 students scored one standard deviation away and 2 scored two standard deviations away. There were none in the comparison group. Overall, this suggests that less than a third of students in the intervention group scored one or more standard deviations away from the mean, with the majority scoring in the average range or above.

The current findings that Year 7 students who took part in the “Raising Hope Intervention” did not show significantly higher levels of hope post-intervention or at follow-up is inconsistent with findings by Marques and colleagues (2009). The researchers reported that at post- assessment, an intervention group of 31 middle school (Year 6) Portuguese students who had taken part in the Raising Hope Programme reported enhanced levels of hope, which were maintained at the 18-month follow-up compared to the comparison group. There were several notable differences in the studies, which may account for the reported inconsistencies in the findings.

Firstly, the findings revealed that students in the current study who took part in the modified Raising Hope Intervention rated themselves as displaying lower levels of hope than the comparison group at all three stages. In the study by Marques, the intervention

and comparison group were statistically similar for hope levels at baseline. The authors did not refer to any selection criteria in choosing their target sample population. Secondly, Year 7 students ($n = 21$) in a mainstream community secondary school participated in the current intervention, whereas Year 6 students ($N = 31$) from a middle school took part in the study by Marquis et al (in press). It may be that the effectiveness of the intervention differs according to the age of the cohort, especially when one had recently negotiated the challenges inherent in the transition to secondary school. Thirdly, Marquis and colleagues included school teachers and parents in an allied group intervention during the “Raising Hope Intervention”. Perhaps their intervention was more effective because it adopted a more systemic approach, which may have directly helped foster student’s levels of hope by enabling adults to assist with goal setting, increase their pathways and agency thinking and enabled them to practice their skills and generalise them to other situations. This may also have led to indirect effects by potentially enhancing the adult’s hope levels. Finally, there may be cultural differences in how effective the intervention could be with some cohorts of students in Portugal and the United States reporting significant improvements. However, this remains conjecture as cultural effects were not directly investigated empirically.

The findings from the current study are also inconsistent with those reported by Lopez et al, 2004: Cited in Linley & Joseph, 2004). Pre and post-assessment measures using the CHS revealed that Year 7 students in the intervention group reported higher levels of hope compared to the control group, with higher hope levels maintained six months post-intervention. It should be noted that the researchers have not reported the size of the sample population or the descriptive statistics, which makes it more difficult to postulate reasons for the discrepant findings between the studies. Similar to the study by Marquis and colleagues, the study does not make reference to the criteria for selection in the study. The current study made some modifications to the Raising Hope Programme based on the pilot study and examination of the manual. The modifications included an extra session, limited use of fictitious, high-hope stories as students during the pilot study appeared to lose concentration and reported that they found the format boring. Lopez et al (2004) reported using a board game “the Hope Game”, not readily available in the United

Kingdom. It may have been that the study by Lopez et al (2004) provided more concrete and operational materials, although efforts were made in the current study to address this. The current study highlighted different stages of motivational change and in accordance with hope theory focused on goal-setting, developing more strategies and had increased opportunities to practice using hope-talk.

Possible Factors Explaining Students’ Lower Levels of Hope in the Intervention

Group: The current findings are important because they serve to emphasise that Year 7 students display individual differences in their reported levels of hope and therefore, it is a construct that deserves investigation and consideration. Several reasons may explain why the Raising Hope Intervention was ineffective in raising students hope levels over time. Firstly, it may relate to students in the intervention group not identifying positive and specific goals of sufficient interest or difficulty for them to act as a motivational factor to bring about goal attainment (agentic thinking). High-hope individuals appear to infuse a degree of uncertainty into their goal-pursuits and and set goals with moderate levels of difficulty that maximise the pathway and agency components of hope more enthusiastically than easier goals (Marques et al, 2009). Secondly, it may be that students struggled to generate effective pathways to identify multiple strategies for goal attainment using a step-by-step approach. The production of several pathways is important when encountering impediments and is more likely to be present in high-hope individuals (Lopez et al, 2003). Thirdly, it may be that students in the Raising Hope Programme experienced more stressful life events which may have resulted in lower levels of hope.

Fourthly, it may be that parenting practices, family goal-setting and pathways thinking has helped to shape students levels of hope scores. Heaven and Ciarrochi (2008) in an examination of the developmental trajectory of trait hope over 4 years in 884 high school students reported that there was a general decline in hope and self esteem over time, especially for females. Perceived parental authoritarianism at Time 1 was related to high hope across the 4 years, whereas parental authoritarianism was related to low self-esteem. Fifthly, students’ peer relationship may be increasingly important during adolescence for

shaping goal setting and attainment, motivational levels and pathways thinking. However, this has not been investigated empirically to date. Finally, it may be that teacher’s levels of hope had a direct effect via their teaching practices to promote levels of hope and indirectly by facilitating the development agency and pathways thinking. Recent findings have suggested that agency scores may be more important than pathway thinking (Ciarrochi et al, 2007) in helping to explain hope levels. Therefore, explaining the lower levels of hope scores will be examined by looking at the constituent elements of pathways thinking, agency thinking and goal setting separately in the next sections. A strength of the study was that it employed a multi-method approach and so the findings will be discussed in relation to multiple sources of information as slightly different pictures emerge from the different sources.

Possible Factors Explaining the Increase in Students’ Hope Levels over time (Whole Cohort): The findings that students reported an increase in their hope scores from the end of the intervention until the follow-up several months later was approaching significance. Several reasons may account for this. Firstly, hope levels may have increased in the entire cohort because participants began to adopt strategies learnt during the intervention more consistently and in relation to a broader array of goals. It may be that the more hopeful students in the comparison group were able to independently develop the required problem-solving, sequencing and other techniques and skills required. Secondly, there may be possible maturation effects, when students become more settled in Year 8 as they are more familiar with organisational aspects of the school (layout, timetable), established new friendship groups and become more accustomed to the academic challenges. Thirdly, having successfully spent their first year in secondary school they may be better able to identify meaningful goals, leading to greater agency thinking. Fourthly, the findings may relate to the time of year the intervention took place. It occurred in the summer term during the examination period which may cause higher levels of anxiety and possibly lower levels of hope. The findings of increased levels of hope over time will be further explored in the following sections which consider pathways thinking, agency thinking and goal setting.

Pathway Thinking

RQ2: The research investigated if there was an improvement in students’ pathway thinking over time. Snyder (1994) defines pathway thinking as “a cognitive sense of being able to generate routes to an envisioned goal (p535). As such, pathway thinking facilitates generation of specific strategies necessary for goal attainment. In this research, it was assessed using students’ ratings on the CHS, the Raising Hope Questionnaire and thematic analyses of responses during the de-brief sessions.

Findings from the CHS scores revealed that students in the entire cohort rated themselves as having significantly higher levels of pathway thinking over time, although the students who participated in the Raising Hope Intervention continued to display lower levels of pathway thinking compared to the intervention group. Findings from the Raising Hope Questionnaire indicated that students felt the intervention had helped them “a lot” to be able to identify possible “barriers” and “strategies” to achieve their goals at post-intervention phase. At the follow-up assessment (Phase 3), the median scores indicated that students continued to rate the intervention as helping them a lot to identify “barriers” and “strategies”, although a Wicoxon Signed rank test indicated that students rating of how helpful the intervention was to identify strategies was significantly lower. The following discussion section will initially discuss why student’s pathways thinking improves over time and possible reasons for students’ continued lower levels of pathway thinking in the intervention group.

Explaining Increased Levels of Pathway Thinking Over Time: Firstly, findings from the thematic analyses further substantiated that students felt the intervention had been helpful to enable them to learn pathways thinking to actively plan and think ahead, break tasks into manageable steps and take action which is likely to help explain why there was increased levels of pathways thinking reported across the entire cohort. Students referred to planning, adopting a step-by-step approach and actively achieving things logically:

- *Yes it has helped me to be more positive and specific about my goals and having pre-planning, look at how I change things step-by step and what qualities I have to help me (Time 3).*

Snyder et al (2003) reported that the most common strategy for enhancing pathways thinking is to help students break down goals into smaller sub-goals. The ideas of such “stepping” is to take a long-range goal and separate it into steps that are undertaken in a logical, one-at-a-time sequence. Perhaps there is an increase in students’ ability at this developmental stage to use sequencing skills more effectively to generate logical step-by-step approach. Furthermore, as students become more increasingly independent, being asked to negotiate the transition between classes, having access to a range of teachers with a range of teaching styles that may promote effective stepwise planning in order to access the curriculum may be having a beneficial impact. It may be that high-hope teachers are better able to help students to develop pathways thinking. Marques et al (2009) has been the one of the few studies to date to include teachers in their intervention but unfortunately did not assess teacher’s hope levels directly. This clearly is an area that warrants future investigation.

Secondly, pathways thinking may increase as students increasingly recognise potential obstacles and develop strategies to overcome them to achieve their goals. People with low hope tend to have more difficulty in overcoming barriers to goal attainment, and therefore, tend to experience more negative emotions (Lopez et al, 2003; Snyder, 2002). Findings from the Evaluation of the Raising Hope Intervention revealed that students found the intervention helped them “a lot” to identify possible barriers. For example:

- *I know if there are any obstacles in the way that I can overcome them, I don’t think negatively anymore (Time 2) .*
- *I think of the barrier and then how to overcome it (Time 3).*

Essentially, students came to realise when obstacles appear, they do necessarily inhibit the accomplishment of the goal, but rather may involve some revised planning, negotiation or action to achieve the goal. Implicit in overcoming barriers is an acknowledgement that flexible thinking, perseverance and determination may be required.

Thirdly, pathways thinking may increase as students increasingly recognise and implement different strategies, skills and techniques for goal attainment. Students reported that the “Raising Hope Programme” had helped them to learn and use similar strategies at Times 2 and 3, especially positive thinking, reframing negative thoughts and attributions, remembering previous achievements and “Just do it”.

- *Positive thinking strategies, turning negative into positives just do it and being able to show bravery (Time 2).*
- *I can look back at goals I have done and think of all the strategies I have used and these will help me to do more.*
- *I’ve learnt to be patient and sometimes I use “Just do it” when I have work, which is really boring and people said “just do it” and I did it (Time 3).*
- *I see my sister gets annoyed and takes it out on other people. She thinks she’s done something really bad when she hasn’t. (Time 3)*

Reframing negative thoughts and attributions into positives ones is a technique advocated by cognitive behaviour therapy. Secondly, remembering or repeating previous success to inform and inspire confidence when taking on new challenges forms one of the solution-focused techniques, which encourages individuals to use past success to raise their self-confidence and be able to recognise that they can achieve their goals. Thirdly, “Just do it” underscores a degree of courage and avoidance of any procrastination or inhibiting negative thoughts.

Finally, people with high-hope tend to be successful in their goal pursuits and as a result tend to experience more positive emotions (Snyder et al, 2003). In the research, students higher levels of pathway thinking was correlated to higher levels of happiness and positive affect at pre,post-intervention and several months. Pathway thinking was also positively linked to higher levels of life satisfaction before and immediately after taking part in the intervention. These findings will be discussed further in the next section on the links between levels of hope and well-being but they underscore the importance of pathway thinking for student well-being, although the direction of effects was not established.

Explaining Lower Pathways Scores in the Intervention Group: There may be several reasons why students’ who took part in the intervention displayed an improvement in

pathway thinking but were still significantly below those in the comparison group. Firstly, it may relate to their ability to using the “stepping” techniques across a range of setting for different types of goals. The thematic analyses revealed that students reported feeling more aware and confident in this area, but perhaps they required further support and practice to increase their ability to do so. An examination of the means revealed the increase in pathway thinking was more pronounced during the intervention rather than afterwards. Snyder et al (2003) postulate that low-hope students may not have received much instruction from their caregivers in general planning process, but it is possible to learn and with practice, gain confidence to form sub-goals. Perhaps, students in the intervention group need additional time to practice their recently acquired skills. Future studies should investigate this empirically. Secondly, previous research has noted that low-hope students hold onto inaccurate beliefs that goals have to be undertaken in an “all at once” manner so may require reminders about prioritising goals and stepping (Lopez et al, 2006).

Thirdly, findings from the research revealed that there was a trend for lower levels of pathways scores to be linked to higher levels of negative affect post-intervention. The correlations do not provide an insight into the direction of effects as causality was not determined, so it may be that students who were less able to generate pathways thinking displayed higher levels of negative affect or alternatively, student who showed higher levels of negative affect were less able to think about how to attain their goals using pathways thinking. It was noteworthy that none of the students referred to their own possible “Faulty Thinking Styles” and only two students referred to recognising it in others. Students’ being able to recognise or reflect on their thinking styles is one of the main components of cognitive behaviour techniques (Taylor et al, 2000). Perhaps students’ “Faulty thinking styles” partly explain the current findings, however this was not directly assessed.

Fourthly, students’ levels of pathway thinking may also be shaped by their friends’ pathways thinking. This has remained unexplored to date, but it may be that friendships develop between more hopeful individuals and vice versa and in spending increasing time together, the means by which they achieve their goals involves using shared pathways.

Finally, at Time 2, a minority of students reported not implementing the strategies yet. The concern is that some students struggled to incorporate what they had learnt in the sessions in their daily lives. Without practice the skills may not have been reinforced and forgotten resulting in lower pathways scores. This suggests that reminders about pathways thinking may be helpful as requested by some students.

Agency Scores:

RQ3: The research examined if there was an improvement in students’ agency scores over time. Agency has been defined as the thoughts and beliefs relating to the likelihood of achieving the task (Snyder et al, 2003). Taylor et al (2000) stated it can be described as the goal-directed energy or motivation that is necessary for goal attainment. They posit it can be strengthened in two ways, directly in therapy or from increased pathway thinking. Both components, they argue, are required for goal attainment and increased hope.

The findings revealed that students’ agency levels were significantly lower in the intervention group at the pre-, post-intervention and follow-up assessment. An examination of the mean revealed that agency scores at the post-intervention phase had decreased and then increased by the post-follow up phase. The scores contributed to the findings that hope levels were significantly lower in students who took part in the Raising Hope Intervention. This finding is somewhat surprising given the intervention programme implemented recommended strategies advocated by hope theory to raise agentic thought. Taylor et al (2000) outline these to include an explicit and convincing treatment rationale for clients at the beginning of their therapy, recalling past successes, a collaborative working relationship with the promise of support, the ability to envisage future pathways and cognitive behavioural techniques (reframing, hypothesis testing, misattributions) especially modifying negative cognitive distortions which erode agency (ie I’m going to fail the exam).

Findings from the Evaluating Raising Hope Questionnaire revealed that on average students reported the intervention helped them “a lot” to be able to identify strategies to

overcome barriers. The thematic analyses revealed that many students reported adopting positive thinking, remembering past success and “just do it” as positive strategies they knew and sometimes implemented. A main theme “hope bonding” was identified in which some students reported that sharing stories, overcoming problems, identifying goals and being with nice people, all characteristics of a collaborative working relationship was one of the key strengths of taking part in the intervention (discussed in later section). Furthermore, students repeatedly returned to talk about using reframing negative thoughts to become more positive. They also used pre-planning and stepping to promote their pathways thinking. These findings would have suggested that students’ CHS agency scores would have increased, which was reported by some students in the thematic analyses. For example,

- *I have learnt how to break-up hope into goals and that your agency is just as important as others.*

Explaining Significantly Lower Agency Scores in the Intervention Group Over Time:

Several reasons may account for the findings which will be presented in the following sections: Firstly, students’ agency levels over time may relate to their initial reason for taking part and understanding of the potential benefits of participation in the intervention. It may be that the students did not initially attend because of desire to change something in their lives, but rather to learn about hope, spent time with their friends or avoid going to lessons. Students may have learnt valuable elements of hope theory, and findings from the thematic analyses and Evaluation of Hope Questionnaire suggest they did, but some students may not have identified goals of sufficient importance to ignite their motivational levels to implement the strategies they had learnt, or to do so consistently enough to enhance their agency scores. A student with the lowest hope scores reported that she did not want to change anything when asked about the reasons for her not implementing the strategies she had learnt. Efforts during the second session were made to help students to consider their motivational stage of change, but providing this insight alone may not have been sufficient.

Secondly, findings from the thematic analyses revealed that several students felt the intervention was helpful for setting more realistic goals. For example, many participants,

especially male students reported initially wanting to be a professional footballer, but then modified their goals. For example:

- *Sort of, I've set more realistic goals, I used to want to be a footballer whereas now I want to be a coach, that I can actually achieve.*
- *My old goal was to be a footballer, but I realise now that I can't do that so I have changed to the army, I have more realistic goals.*

It may be that by recognising the low probability of achieving their original goal, students feel a sense of defeatism, leading to lower agency. But then, once the pathways thinking improves and they feel a sense of empowerment from knowing about and in some cases implementing the strategies, this in time leads to increased agentic thoughts. This may account for the reduction in agency mean scores at the end of the post-intervention and subsequent improvement at the post-intervention follow-up.

Thirdly, many students' identified long-term career goals as their target goal, which may ironically have adversely affected their short-term agency scores. Strenuous efforts were made to help students with stepping their long-term goal so the initial step could be implemented immediately, even though the final goal attainment may be many years away. It is vitally important students identify current goals that they can implement to bring about change. Taylor et al (2000) state that according to Hope Theory, as sub-goals are achieved and individuals move towards more significant goals, their agentic and pathways thoughts are bolstered correspondingly. Therefore, Hope Theory advocates that individuals use goals as therapeutic anchor points, but also for motivation. It will be important for students to feel that they can work towards their goal and increase their motivation level to engage even though it may appear like a long-way in the future. The challenge may be to help students recognise the relevance of current school experiences for later success. Perhaps being more specific in getting students to identify an immediate, short-term and longer term goals would have been helpful for student's goal attainment.

Fourthly, the agency scores may be linked to the attributions students adopted over time. Previous findings have reported that negative self-schema, which are characteristic of low-hope individuals are also implicated in decreased agency (Snyder et al, 1998). As

such, low hope people are more likely to make incorrect internal attributions about mistake and failures (Snyder et al, 1991). Indeed, at the follow-up phase higher levels of positive attributions were positively correlated to higher levels of agency, and stable attributions in particular. Given that correlational analyses were used, the direction of effects was not revealed and so causality could not be established to help interpret the findings. It may be that students who consistently believe that their stable characteristics relating to their positive academic ability, social skills, positive attitude will lead to higher agency skills and vice versa. It is more difficult to interpret the positive association between internal negative attributions and lower levels of agency scores, which were not in accordance with prediction.

Student’s Goal Setting

RQ4: Another one of the research questions examined how helpful taking part in the Raising Hope Intervention was to enable participants to identify positive and specific goals and achieve them. The findings revealed that following participation and several months later, students felt the intervention had helped them “a lot” to achieve their goals. They also felt it helped them “a lot” to identify positive and specific goals immediately after the intervention, but several months later, students on average reported that it had “somewhat” helped. Goal setting is very important because goals are considered the targets or endpoints of mental action sequences and so form the anchor of hope theory (Snyder et al, 2000). Snyder et al (2003) argue that the foundation of imparting hope involves enabling students to set appropriate goals determined by their developmental stage and specific circumstances. The findings from the Raising Hope Evaluation Questionnaire suggest that the intervention was effective in helping students with goal-setting. However, it should be noted that previous research that highlighted goal setting is closely linked to agency scores, so remaining issues regarding effective goal setting may remain for some students. Snyder et al (2003) state that adolescents often need encouragement to set goals in various life domains. The thematic analyses identified some pertinent issues relating to goal awareness, setting positive and realistic goals, which will be discussed in the following sections.

Goal Awareness and Achievement: One of the reasons students may have reported the intervention helped them “a lot” to achieve their goals was that it raised their conscious awareness of the importance of goals. Snyder et al (2003) state that according to “Hope Theory” goals must be of sufficient importance to enter conscious thought and may vary in terms of the perceived probabilities of attainment. A sub-theme identified during the deductive, thematic analyses revealed that a small number of students referred to how they had not consciously thought about hope before and crucially, had not previously considered identifying goals in their lives. For example:

- *“It made me realise that I didn’t have any goals.”*
- *“To think about what I wanted my goals to be because I hadn’t actually thought about them before”.*

Perhaps students reported higher levels of hope over time because of their developing awareness of goal setting and also it’s potential importance for success. The thematic analyses revealed that some students also learnt to recognise that goal-setting promoted success by acting as a focus to aim towards and a target to review their progress. For example:

- *I have learnt about goals and I set myself one and see if I can achieve it. If I want something I can aim for it.*

Goal Setting: According to hope theory, a goal can be anything that an individual desires to experience, create, do or become (Snyder et al, 2003). Goals may be a significant, life-long pursuit (becoming an astronaut) or more mundane and brief (getting the bus to school). They can occur at various levels of abstraction, for example, (1) goals in general (ie trait), (2) goals in a certain life arena (ie domain specific) or (3) one goal in particular (goal-specific). A limitation of the Children Hope Scale is that it does not directly assess the types of goals that children report even though goal setting is recognised as an integral part of hope alongside agency and pathways thinking. The “Raising Hope Programme” advocates that students are encouraged to choose goals in whatever domain of their lives they like in the immediate, short-term or long-term. The nature of students’ goals were explored during the de-brief sessions and also by the researcher keeping a record of goals discussed weekly by the students. Most students focused on achieving

the same goals for the duration of the intervention, while others chose different weekly ones. An examination of the goals revealed that they related to future career, social relationships, sporting achievements and finally, a few related to academic achievements. The thematic analyses noted that goals related mainly to career options and past-times.

- *I can work in groups, my goal is that I want to be a mechanic and I can go to college. I can talk to mum and dad's friends about doing to work at their garage to see if I like it.*

Marques et al (2009) reported that participants in their study identified similar goals. Snyder et al (2003) argue that self-selected, internalised goals that stretch or challenge students are more likely to motivate them than external standards. Although it appears obvious, ensuring that students consider goals to be important and are not just imposed on them by peers, parents or teachers is vitally important.

Positive Goals: At Time 2 and 3 some students rated themselves as being more positive in their goal setting and associated thinking styles following participation in the Raising Hope Programme. For example:

- *I have learnt that you should set goals and stay positive about the goals.(Time 2)*
- *I'm more positive so my goals are going to be a bit harder and bit better (Time 2)*
- *Yea, it was helpful, it made me think positively (time 3).*
- *I'm more hopeful about working towards my goals, I've learnt to be positive and specific (Time 3).*

Snyder (2002) reported that high-hope students are more likely to use more positive, approach goals in their lives, whereas low-hope students are attracted to avoidance goals. Previous studies have noted that low-hope individuals struggle to generate goal-setting ideas which may account for the lower hope scores in the intervention group over time. A limitation of the research was that it did not specifically ask students how easy they found it to identify goals.

Realistic goals: An examination of the goals reported by students, revealed that male students reported their initial goal were career related (wanting to be a professional

footballer), life-style goals (wanting a large house) to have a pretty girlfriend. There was a balance to be struck between respecting students’ goals of succeeding “David Beckham” as one of the best professional footballer and also enabling students to identify other goals that may be more likely to occur and more realistic so that they can actively work towards them and feel a sense of fulfilment after achievement which promotes more hope. The thematic analyses in the current study did report that students at follow-up assessment (Time 3) referred to their goals being more realistic after taking part in the intervention.

- *Sort of, I’ve set more realistic goals, I used to want to be a footballer whereas now I want to be a coach, that I can actually achieve.*
- *Kind of, it has made them (goals) more realistic, they are still good ones but not massively unrealistic. I thought it would be easy to pass grades and stuff, whereas now I know I need to study.*

4.2 Hope Bonding

One of the Main Themes identified in the deductive thematic analyses related to “Hope Bonding”. The theme “Hope Bonding” contained constituent sub-themes, “Sharing Ideas, Stories and Goals”, “Friendship”, “Group Size”, “Number of Sessions” and “Hope Reminding”.

In the subtheme “Sharing Ideas, stories and goals” several students immediately post-intervention (Time 2) and several months later at follow-up (Time 3) reported that one of the best things about taking part in the Raising Hope Intervention was that it afforded them an opportunity to share ideas, stories, express themselves and set goals. They valued that this occurred without interruption, in confidence and felt that the opportunity to be able to talk about their lives helped them overcome their problems. For example:

- *The best thing about the group is that we could share our story’s and people helped us get over our problems.*
- *That you got to express your ideas*
- *Being able to say what you wanted without interruptions*

- *That we could be ourselves and express our feelings and it helped us to achieve our goals*
- *There was trust and a bit of freedom which I really liked..*

In the second sub-theme “friendship” it emerged that knowing, getting to know or being friendly with other group members was important and students valued being with nice people. They also referred to having a “nice teacher” when referring to the facilitator.

- *I had friends in the group.*
- *Being with nice people*
- *We had a nice group and a nice teacher.*
- *I got on with other people in my group, it was really good and I was upset when it was finishing.*

The importance of being able to develop goals, discuss ideas within the context of positive relationships and within a “working alliance” to bring about positive change has been highlighted as being of fundamental importance (Lopez et al, 2003). Seeking goals almost always occurs within a social context (Snyder, Rand & Signon, 2002) and goal directed thinking almost always develops in the context of other people who teach hope (Snyder, 2000). Lopez and colleagues (2000) state that hope enhancement strategies

“are designed to help clients in conceptualising clearer goals, producing numerous pathways to attainment, summoning the mental energy to maintain goal pursuit, and reframing insurmountable obstacles as challenges to be overcome. The Hope therapeutic relationship facilitates these hope components” (pg 123).

Bonding in therapy is usually expressed in terms of liking, trusting and respect for one another, in addition to a feeling of mutual commitment and understanding in the activity (Bordin, 1994). According to Snyder and colleagues (1997), hope flourishes when people develop a strong bond, allowing the person to perceive himself or herself as having some sense of control in the world. Furthermore, Rodriguez,-Hanley and Snyder (2000) state:

“as social creatures, we need to confide in someone about our dreams and goals. (Pg 46)

Snyder (2002) argues that high-hope individuals appear interested in other people’s goals along with their own. Thus, there is an advantage in taking part in group interventions which reinforce the notion of peers supporting one another to elucidate their specific and

positive goals. Lopez, Floyd, Ulven and Snyder (2000) state that a hopeful therapeutic relationship is necessary and sufficient to yield cognitive change and increased hope. They argue that assuming that hope begets hope, and that hope inherently is an interactive process (Snyder, Cheavens & Sympson, 1997), hopeful relationship (teacher-student, peers, coach-athlete) enhances hope. They also state that the development of new relationships should be pursued to increase hope. They suggest that therapeutic intervention should encourage clients to associate with individuals who are supportive of goal pursuits, challenge their friends to pursue stretch goals and who encourage others to overcome obstacles on the pathways to their goals. Students appeared to value taking part in the Raising Hope Programme, which offered them the opportunity to engage in the afore-mentioned elements necessary to raise their hope levels.

Overall Evaluation of the Intervention

All students reported that they would recommend taking part in the intervention to peers.

Section 4.2: The Nature and Links between Levels of Hope and Well-being.

RQ6 Examined if there was an improvement over time in participants’ levels of well-being. Findings from the analyses revealed that there was a reduction in staff’s ratings of students’ total difficulties over time that was approaching significance. An examination of the medians revealed that staff’s ratings of the Total Difficulties scores were lower at the post-intervention stage compared to the pre-intervention scores. Post-intervention scores increased at the follow-up phase, but continued to remain lower than pre-intervention levels. There were no significant differences in staff’s ratings of students’ levels of prosocial behaviour over time. Furthermore, there was no significant difference in the levels of happiness, life satisfaction, positive and negative reported by students over time. It is noteworthy though that an examination of the medians revealed a reduction in negative affect over time, although this did not reach traditional levels of significance and therefore should be treated with caution until further replicated.

A limitation of previous research is that very few studies have conducted interventions to promote student strengths, especially levels of hope following the transition to secondary school. The few studies to date have tended to focus on college students and generalising findings should be treated with caution since this is a different developmental stage and college students may represent a very different profile to the present cohort. A notable exception is the finding by Marquis et al (2009) who reported that in a sample of Year 6 students who participated in the Raising Hope Intervention displayed significant changes in hope scores, life satisfaction and self-worth but no differences in mental health or academic achievement. They suggest that the intervention designed to increase student's strengths influenced other psychological constructs. The researchers postulated that an increase in life satisfaction is a by-product of the increase in goal-directed thinking. The findings are contrary to those found in the current study where no significant differences occurred in life satisfaction over time. This is not altogether surprising since it was not the targeted aim of the intervention. A limitation of the study which should be considered in any interpretation of the findings is that for some students' different members of staff rated their well-being at the follow-up assessment compared to the previous two time points. This was because they had moved year group and the original member of staff was no longer in sufficient contact to feel best placed to rate their well-being and one member of staff was no longer working at the school.

RQ7: Examined if there was an association over time in students' levels of hope and well-being. Individual differences in students' ratings of hope were linked to numerous domains of their subjective well-being. Students' levels of hope were significantly positively associated with ratings of positive affect, life satisfaction and happiness at pre-, post-intervention and follow-up phase (the correlations between hope and happiness and life satisfaction were approaching significance at Time 3). An examination of the associations between pathways and agency scores with indices of subjective well-being was considered separately. Both agency and pathways scores were positively correlated to positive affect at all three time points. It appears that students' increased ability to identify strategies to achieve goals and summon the energy to maintain this are related to higher levels of positive affect. Both agency and pathways thinking were positively

correlated to life satisfaction during the pre and post assessment phases but not at the follow-up assessment phase. It appears that pathways scores are significantly positively associated with levels of happiness after taking part in the Raising Hope Intervention both immediately afterwards and several months later. There was no association between students’ levels of hope and negative affect over time. Students levels of pathways thinking were negatively correlated to negative affect (the correlation co-efficient was approaching significance). It is noteworthy there were no significant correlations between students’ ratings of their hope and staff ratings of their prosocial behaviour and total difficulties score.

These findings are consistent with emerging findings from studies increasingly examining the links between levels of hope and well-being in adolescents. Ciarrochi et al (2007) examined the impact of hope, self-esteem and attributional style for adolescents’ emotional well-being. Findings from a sample of 784 high-school students indicated that their levels of hope acted as a predictor of positive affect. The authors argued that goal attainment may be a critical cause of positive affect and suggested that future studies examine the extent that goal attainment mediates the relationship between trait hope and positive affect. Fundamentally students with high-hope tend to be successful in their goal pursuits and as a result tend to experience more positive emotions (Snyder et al, 2003).

Valle and colleagues (2006) found in their longitudinal study among high school students that hope at Time 1 was positively correlated with life satisfaction assessed one year later and negatively associated with stressful life events and internalising/externalising behaviour. They also found that stressful life events predicted internalising behaviours and low life satisfaction, and this effect was strongest amongst low hope individuals. Marques et al, (2009) reported that hope was significantly and positively associated with global life satisfaction and mental health. MacLeod et al (2008) in a study involving 64 participants, 29 of whom took part in a goal setting and planning skill brief intervention for adults reported their findings provided preliminary evidence that goal setting and planning skills have a causal link to subjective well-being. It may be that students with effective goals setting and planning enjoy this process more and are more successful leading to greater life satisfaction (Snyder, 2002). Several possible mediating factors and

processes have been proposed to account for the links between hope and well-being. Snyder et al (2006) state that the combination of the three cognitive components of goals, pathways and agency not only directly impacts on academic achievements, but also contributes to positive emotions. Abilities to retain high levels of positive affect enable high- relative to low-hope students to persevere longer and to expend more effort on challenging tasks. Believing that they inevitably will succeed, high-hope students remain more focused are not side-tracked by goal-blocking thoughts of failure and do not denigrate their ability when they “fail” or let it affect their long-term self-worth (Snyder, 1999). Accordingly, they experience less general anxiety. High-hope students make the adaptive attributions that the “failure” feedback merely means that they did not try hard enough in a given instance, or that they did not identify the correct studying or test taking strategies.

It is important to note that these are correlations so the direction of effects cannot be reported so it may be that individual’s with higher levels of hope are happier or alternatively, that pupils who are happier are more hopeful about the ways that they achieve things and in their outlook. A strength of the study is that it used both self-report and independent rater assessment data. This is in accordance with previous studies involving adult pupils (Ciarrochi et al, 2007).

Section 4.3: The Nature and Links between Adolescent Attributions and Hope.

Attributional or explanatory style refers to an individual’s habitual way of explaining the causes of positive and negative events in their life (Peterson et al, 2002). It is proposed that expectancies for the future derive from individual’s views of the causes for past events (Peterson et al, 1984; Seligman, 1991). Attributions have been known to vary greatly and possibly according to whether they are stable/unstable, internal/external, global/specific (Abramson et al, 1978).

RQ8: Examined if there was an improvement over time in participant’s attribution levels. Findings from the current study revealed that there was no significant difference in the levels of positive or negative attributions over time. The findings suggests that participation in the modified “Raising Hope Intervention” did not improve students positive attributions or reduce their negative attributions over time. The intervention was designed to identify goals, increasing agentic and pathways thinking rather than being specifically designed to alter attributional styles. However, it was worth exploring whether helping students to engage in positive goal setting, identifying pathways towards goal attainment using effective strategies, including reframing negative to positive thoughts towards experiencing goal attainment would have led to a significant difference in scores. The findings indicate that this was not the case.

RQ9: Examined if there was an association over time between participants’ levels of hope and attributions. The bivariate correlations revealed that there was a significant positive correlation between students reports of their levels of hope and positive attributions at the follow-up assessment. Given the bi-directional issue it may be that students who are more hopeful reported having more positive attributions or alternatively, students with higher levels of positive attributions may be more hopeful individuals. An examination of the pathways and agency scores separately revealed that both were positive correlated positive attributions at the post-intervention phase. Further investigations revealed that the table attributions were positively correlated to hope, agency and pathways scores at the Time 3. It may be that if goal attainment is attributed to positive, stable attributions then it is likely to lead to higher levels of hope, agency and pathway thinking. There was a trend towards significance for the negative correlation between students’ levels of hope and their levels of pathways thinking. It may be that students who display higher levels of negative attributions find it difficult to generate pathways to achieve goals or alternatively, students who display lower levels of pathways may have more negative attributions. If explanations for past failures emphasize causes that are stable, which are seen as relatively permanent and unlikely to change, then attributions are likely to continue to be negative and predict poor/negative outcomes.

4.3 Appraisal of the Research Study.

The research provides many important contributions to knowledge and to a burgeoning but still relatively unexplored area of research regarding individual differences in the levels of adolescent’s levels of hope. The following paragraphs will initially present the myriad of contributions to knowledge that the study provided, followed by a discussion of the limitations of the research project.

Contributions to Knowledge: Firstly, the study constitutes one of the first examinations of Year 7 students’ levels of hope in the United Kingdom following their transition to secondary school. Secondly, it is the first study to evaluate the modified Raising Hope Programme designed to raise student’s hope levels in a large mainstream secondary school in the United Kingdom. The intervention enabled the employment and evaluation of goal-oriented, solution-focused and cognitive therapeutic techniques to raise adolescent’s levels of hope. Thirdly, the participants who took part were identified by the school as likely to benefitting from intervention to support their transition to school, although their needs were not considered to be complex and none had received a statement of special educational needs. The participants live in an outer London Borough highlighted as being in an area of need. Fourthly, the study employed a mixed-method design which improves on previous research to be able to provide rich data from qualitative data analyses to be able to further expand on findings produced from quantitative data. Furthermore, the study was mindful of the importance of triangulation and incorporated assessments from teachers in addition to pupils regarding levels of well-being over time.

Fifthly, the study provided an important contribution towards understanding factors that are linked to improving adolescence’s levels of subjective well-being. Moreover, it provided valuable information regarding the associated links between adolescent hope levels and levels of happiness. The Government has underscored the importance of interventions designed to promote child and adolescent well-being and happiness within society. Sixthly, the study triangulates information to incorporated assessments of both

subjective well-being but also teacher’s appraisals of adolescent’s total difficulties behaviour and prosocial behaviour. Seventhly, the study examined whether positive and negative attributions and levels of gratitude are linked to levels of hope which have not previously been investigated. Finally, an important component of the research was that it examined the role that different variables identified within the positive psychology play with regards to well-being and this appears to be particularly timely.

Limitations of the research study: Despite every efforts to ensure the efficacy of the research study certain limitations remain and these should be considered in any interpretation of the findings.

- *Research Design and Non-Matched Sample:* Ideally, the study would have employed a randomised control trial design with a larger sample size that included a control group that matched students for indices, such as gender and age. However, this was not possible given the time and resources available. A limitation of the study was that there was a significant difference in the levels of hope in the intervention and comparison group at the Time 1 intervention stage, with the intervention group displaying lower levels of hope. Although this is interesting in itself and highlights the individual differences between adolescents’ levels of hope, it was not ideal in terms of a matched sample. It therefore means that caution should be exercised in generalising the findings until further studies have been performed.
- *Sample Size and Data Analyses:* Certain statistical concessions had to be made because of the size of the sample population and due to some of the assumptions for normal distribution being violated. Firstly, structural equation modelling would ideally have been employed to analyze the data from a large sample population, which would have allowed the variance in each of the variables to be considered simultaneously and provided valuable information about the direction of effects regarding causality. Secondly, a multiple regression would have been conducted to examine the amount of variance accounted for by the following variables, life satisfaction, happiness, positive affect and total difficulties scores.
- *Administering all the questionnaires to the Intervention and Comparison Group:* Data collection involved administering the Children’s Hope Questionnaire (CHS) to the

intervention and comparison group. The remaining questionnaires were administered to the intervention group only since they were the focus of the study. Given the time and resources available it was not possible to individually interview the comparison group on three occasions. Previous studies have employed this design, but ideally the data would have been gathered for the comparison group as well.

- *Group 5 of the Intervention Study:* Ideally, all intervention groups would have been members of the same year group and strenuous efforts were made to recruit 30 participants from the same year group. Twenty pupils (4 groups) from one year group took part when they were in Year 7 and were then assessed during the follow-up assessment in Year 8. One group (Group 5: $n = 4$ participants) who participated in the intervention belonged to a different year group. The participants' inclusion in the group was deemed important to ensure as many participants as possible to enable quantitative analyses to be conducted to answer the research questions. Analyses revealed that there were no significantly significant differences between the scores on any of the variables for this group compared to participants' scores from the other year group.
- *Full Data Set at 3 Time Points:* Participants who completed the questionnaires at all three Time points were included in the data analyses following guidance provided in previous longitudinal studies. However, it is important to note why there some participants had not taken part and whether their scores would have differed significantly from those who were available to provide information at three different time points.
- *Caucasian Sample:* Participants in the study were all Caucasian and findings should not be generalised to other ethnic groups since cultural difference may exist.
- *Life Satisfaction Measure:* The Life Satisfaction administered was recommended for a younger age group. This decision to use this one was made because this research project was more interested in the frequency of how often they felt satisfaction in various aspects of their lives rather than their agreement with a particular item. An implication of this is that the norms for that particular age group were not appropriate for this sample population.

- *Hope Resources:* The resources available to facilitate the discussion of hope, especially in terms of therapeutic board games was limited.
- *Dual Role of Practitioner and Researcher/Evaluator:* The researcher played a dual role of both practitioner and evaluator which raised two possible confounding factors. Firstly, it raised the issue of the researcher’s independence. Secondly, it raised whether social desirability played any role in participants’ ratings of the effectiveness of the study. The researcher was mindful of these possible confounding factors and made efforts to ensure that outcomes were evaluated from an objective perspective. This was addressed using multiple strategies. Firstly, a mixed-methods approach was employed which utilised objective, standardised questionnaires that participants’ completed to rate their outcomes. Secondly, instructions were explicitly given to underscore the importance of respondents providing a “true and accurate” reflection of how they felt about the intervention. Thirdly, the researcher reflected on her role as practitioner in her research journal. It is to be acknowledged that most practitioner’s would like the intervention to raise adolescent’s hope scores. The researcher was mindful to consider the factors which contributed to whatever outcome from an evaluator’s perspective and consider modifications that may be required to improve this recently developed intervention. However, it is noteworthy that an advantage of the dual role was that it allowed the researcher to explore different individual issues and reflect on the group dynamics that occurred within the groups and generate hypotheses to explain the findings that would not have been possible if she had not been both practitioner and evaluator.
- *Intervention “Integrity” Across Groups:* The researcher was mindful of the importance of ensuring that the “integrity” of the intervention across groups was maintained. More specifically, to ensure that each participant received the same or similar intervention. This was addressed by preparing a detailed session format in advance and the researcher familiarising herself with it before each session. Furthermore, she asked each participant to reflect on each session and wrote notes about each one afterwards to reflect on the process and ensure that each element had been covered. If there were any areas felt to have been less comprehensively covered

in one session then this was re-visited the following week. Furthermore, the same resources were disseminated to each participating student.

4.4 Avenues for Future Research

The current study investigated students’ levels of hope by adopting “Hope Theory”, a socio-cognitive model which conceptualised hope in terms of goal setting, pathways and agency thinking. However, future studies could employ grounded theory to explore students’ conceptualisation of hope and establish whether additional or alternative theoretical frameworks could be used to define and understand the potential mediating factors that ameliorate or hinder levels of hope. Focus groups could be used as a methodology to explore different levels of understanding and narratives about levels of hope. Future studies could explore individual differences in levels of hope in children and adolescents from different ethnic backgrounds and explore their conceptualisation of what it means in different cultures. Future studies could also focus more specifically on children with varying special educational needs and explore individual differences in the nature and levels of hope they report. Studies could investigate further the types of interventions which would be helpful to foster hope levels and ways to sustain these over longer periods of time. For example, it would be helpful to conduct studies which focus on the hope levels of children who present as socially anxious or pupils with behavioural difficulties. In particular, it would be very valuable to explore further pupils with behavioural difficulties ability to generate goals and look at the types of goals they strive to achieve. Furthermore, longitudinal studies could examine whether there are developmental differences in children and adolescent’s conceptualisations about hope and whether these change with age. Future students could examine intergenerational concordance or incongruity between parental and adolescent levels of hope using the eco-systemic model (Bronfenbrenner, 1979). This could involve an examination of maternal and paternal parenting practices used to foster levels of hope in their children. Future studies could also be used to examine educators and professionals levels of hope and the implications for their practice and well-being.

4.5 Implications for EP Practice

Firstly, the implications of the findings on a national level are that they need to broaden the focus from purely focusing on happiness. Martin Seligman has recently called for the focus to shift to meaning in people’s life. This study further contributes to increasing body of literature about the importance of individual differences in considering levels of hope and subjective well-being.

Secondly, the study reaffirms the importance of educational psychologists as being well-placed to be able to identify potentially valuable interventions to be delivered in schools and evaluate their effectiveness. It would appear that this intervention would require further modification in order to be considered an effective intervention to raise levels of hope. However, it should be noted that all those who participated in it would recommend it to others. For some, they reported that they had not considered hope and or the intervention helped them to reflect further on their thoughts. We need a society that provides is able to identify positive and specific goals, recognise potential obstacles and be equipped with the strategies and skills to be able to overcome these to achieve goals and life satisfaction, happiness and positive affect.

The implications of the findings for Educational Psychologist’s practice can be viewed in terms of assessment, intervention, training and research. Firstly, the findings indicate that levels of hope are related to life satisfaction, happiness, positive affect and a trend towards total difficulties behaviours. This suggests that it is a variable that needs to be routinely considered when considering aspects of children’s well-being. The children’s hope scale is a six-item measure that can be administered and scored in a short-period of time and is a readily published assessment measure so could easily form part of an EPs assessment. It could potentially be used as a screener for children who need support to develop their goals, strategies or skills. In working with schools it will be very important that students are supported to be able to set effective goal-setting which has previously been regarded but is often identified by adults. It is vitally important that students are

encouraged to think of goals that are positive and specific, and it is emphasised that these can relate to everyday events as well as longer-term career oriented goals.

Secondly numerous educational psychologists have argued during the ongoing debate regarding the future role of the profession that EPs can play in a formative role in developing, delivering and evaluating interventions to support children and young people in schools (MacKay, 2002). The findings from this study suggest that EP's have an important role both in the identification, delivery, training and evaluation of interventions to support students following their transition to secondary school. Squires (2001) an educational psychologist delivered a six session CBT intervention in a mainstream setting, to a group of 6/9 pupils (aged 10-13 years) who presented with disruptive or withdrawn behaviours. The study reported improvement in teacher ratings of behaviour and pupil's ratings of self-control. Squires recommended that educational psychologists provide more input at this preventative level, as it was cost effective reduced the needs for Statements of special educational needs, and was resource efficient as it enabled more students to be supported, thus maximising EP time and input.

4.6 Personal Learning Points

Role of the Researcher: The research thesis was undertaken from a critical realist perspective which advocates a reflective approach. This research was conducted by a Trainee Educational Psychologist as part fulfilment of her Doctorate in Educational and Child Psychology, using a practitioner-researcher approach. One of the advantages of this was that the researcher was able to approach the SENCO of a mainstream secondary school in her role as the allocated Trainee Educational Psychologist (TEP) to see if the school would be interested in taking part in the research thesis. The researcher was able to create a boundary because no students considered for referral to the Educational Psychology Service were approached to participate in the study. The researcher was aware of her dual role within the research process both as practitioner and evaluator. Efforts have been made to create a distinction between the two and also to recognise that

her presence, attitudes, practice and beliefs have informed the planning, research design, data collection and analyses and finally, the interpretation of the findings. To address this, considerable efforts were made to be transparent about this throughout the process and as a result an active reflexive approach was taken from conception to completion of the project, which will be discussed in the following sections.

Reasons for Choosing the Research Topic: The researcher selected this topic of study largely for two reasons. Firstly, this research further develops the researcher’s interest in identifying factors that promote well-being and resilience in children and adolescents. Having previously conducted a longitudinal study which identified protective factors promoting resilience in children who experienced marital transition, the researcher was keenly aware of the large body of literature pertaining to individual factors (ie child temperament) and family factors (inter-parental conflict, parenting styles) that act as potential risk or protective factors. However, positive psychology extends the focus to consider a broad array of possible mediating factors which have received scant attention to date. The importance of variables proposed by Positive Psychology was evident during consultations with teachers in her role as a practitioner, regarding possible protective factors evident in resilient children in at-risk populations. Teachers routinely referred to factors such as hope, optimism, humour and creativity, yet these have received limited empirical investigation. Secondly, in considering the types of interventions that may help adolescents who were out of school (NEETS) as part of the researcher’s practitioner role, she theorised that the fundamental component in ensuring the success of any intervention related to adolescent’s levels of hope for the future and enhancing that was theorised to be a central aim towards bringing about positive change for them. With this in mind the researcher began to research the possibility of investigating adolescent’s levels of hope and interventions that may enhance and maintain increased levels of hope over time.

Reflexions about Conducting the Research

A reflexive diary was kept by the researcher, which consisted of handwritten notes from initial ideas, brainstorming sessions, literature review, initial discussion with school,

recruitment phase, pilot session, delivery of the intervention, data collection to the later stages of data analyses and interpretation, including the quantitative and qualitative analyses. The following sections discuss some of the reflexions about conducting the research.

School’s response to the Proposed Research: The Inclusion Manager’s initial positive response and continued engagement in the research programme was noteworthy. The school reported being pleased to approach parents with an intervention that focused on a positive aspect of development, such as hope and offered a new preventative intervention to be able to support adolescents following their transition to secondary school. The researcher noted

*“I was apprehensive today about describing the study in case it was perceived to be a “woolly” concept and had rehearsed answers to persuade or convince ** (the Inclusion Manager) of the value of the intervention, but she really liked it immediately saying parents would like the school were providing a support group to help adolescents when they moved to secondary school, that it was good that it was something positive and new for them to consider”. The ** (Inclusion Manager) appeared pleased to have an opportunity to support students in a preventative way and that I would run the group so she did not need to re-allocate staff. It was pleasantly surprising that the value of positive psychology in schools was appreciated so readily. The consultation really reminded me that a core skill of EPs is to identify and propose effective interventions for schools and evaluate their effectiveness”.*

Working with Secondary School Pupils: The research provided the researcher with an opportunity to gain further experience of working with secondary school pupils. It offered insights into ways in which adolescents relate to one another, group dynamics, the challenges they faced during their transition in secondary school, aspirations and success. The researcher was initially slightly apprehensive in advance about how the adolescents would view and relate to her, especially if they would be very judgemental or reticent in front of peers they were trying to impress. However, it was evident as the

intervention progressed that almost all valued being able to establish rapport with an adult. Perhaps this was aided because the researcher was not a member of staff, possibly allowing pupils to speak more freely. The researcher was conscious in meeting students around campus to follow their lead about greetings and was struck as time passed by how many were willingly to acknowledge her openly and freely in front of other peers, including those who had not taken part in the intervention.

The Timing of the Intervention for the Participants: It is also valuable to reflect as a researcher on the timing of the intervention for participants and the demands and issues associated with this. In designing the study the researcher proposed that Year 7 pupils would take part in the intervention during the autumn term. The rationale for this was that firstly, it would provide an opportunity for participants at the outset of their time at secondary school to set goals and learn strategies to be able to implement these. Secondly, it was envisaged that participants were likely to be motivated to engage at the start of this new phase of their lives. Thirdly, the intervention might provide them with an opportunity to discuss the demands involved in a more diverse and onerous workload, developing friendships and interacting with a new cohort of peers and getting to know members of staff's expectations combined with greater responsibility for organising their lives. Fourthly, taking part in small group work would provide an opportunity of meeting other pupils, learning from their experiences and extending the support outside the group in the form of “Hope Buddies”. Finally, the intervention may also serve to indicate that the secondary school was interested in the participants' well-being and underscored the nurturing pastoral role it plays. Due to the timing of ethical approval being granted, the intervention was delivered to four groups from one Year 7 cohort in the summer term and the follow up assessment took place in the autumn term of Year 8. The single intervention group from the following Year 7 cohort took place in the Autumn term and follow-up in the Spring term.

The researcher's reflection is that implementing the intervention in the summer term appeared to be more helpful in some ways for students. Firstly, goals identified by students related less to the prediction of potential demands or issues that lay ahead of

them, but rather ones that they were currently facing. Therefore, discussions appeared more directly applicable to their lives and involved more in-depth discussions about how they could change their current practice to identify more effective strategies. For example, with regards to the academic demands they were more specific about the subjects or topics they found stressful or needed help with. The time of year also meant that the prospect of examinations appeared more pressing and so discussions also focused on ways of alleviating anxiety around these. Secondly, participants in the summer term appeared better able to be reflective and adopt a more meta-cognitive stance which helped in identifying goals, the strategies involved in achieving these (waypower) and ways to motivate themselves (willpower). At the follow-up assessments in Year 8, some students appeared better able to be reflective about what they had learnt and were clearer in how they were implementing strategies.

Finally, the timing of the groups also raised issues about friendships in general and also about the effect for group dynamics of including friends in the same group. With regards to friendships, goals related less about getting to know friends, but rather how to deal with bullying or feeling isolated. Secondly, for some participants the intervention was a means to be with their friends and specifically requested if they could be in the same group. This meant that the dynamics in the group were somewhat different because it involved much greater reference to shared history and there was a lot more shared humour. Friends could also be paired as “hope buddies” to support each other beyond the group. However, there were times when the researcher needed to provide reminders about the purpose of the sessions and was also mindful that all members of the group felt included. It should be noted that the effects of the timing of the intervention was not tested empirically so the above remain personal reflections rather than empirical findings.

Therapeutic and Questioning Techniques: Conducting the intervention enabled the researcher to become more knowledgeable about the different stages in hope theory and experience of using different techniques used in cognitive behaviour and solution-focused therapies. It enabled the researcher to learn about the different stages inherent in running an intervention to raise hope, such as hope bonding and also hope refreshers. Different

techniques used included using stepping to help students identify the most pertinent steps to achieve their goals, identifying different strategies they have used by promoting self-reflection and employing homework tasks to identify thought patterns and refresher techniques (ie remember previous achievements, self-talk). It was interesting to discover that students really embraced the reframing technique. The researcher had initial concerns about how effective this might be, but these were ill-founded as students referred to using this technique the most. The research also provided an opportunity to administer questionnaires and learn the respective strengths and weaknesses in open and closed-ended questioning techniques during group discussions and during the de-brief sessions with students about the effectiveness of the group.

EP Practice and Supporting Adolescents with Special Educational Needs: There are many lessons that the researcher has taken from the experience and implemented in her practice as a Trainee Educational Psychologist. For example, assisting students to identify positive and specific goals, identifying their pathways to achieving their goals and recognising strategies they do or could use. On a more practical level, it has also been very helpful in enabling the researcher to have an understanding of the organisational hierarchy within a secondary school, members of staff student can approach for support and expected rules. It has highlighted the difficulties inherent in learning the site layout, the transition between lessons and reading the timetable. This enabled the researcher to fully appreciate the organisational challenges faced by students with special educational needs following their transition to a large mainstream school.

Developments in Conceptual Understanding of Hope: The researcher reflected on the developments in her conceptual understanding of raising hope throughout the research process.

- Initial definition of hope considered to be an aspiration or wish that something would happen, possibly overcoming adversity, by displaying perseverance promoted by a belief of better things.
- Hope Theory advocates that hope incorporates goal setting, identifying pathways and agency thinking. Thus, it is a more active approach to bringing about change and

reaffirming hope. Students displayed a surprising degree of individual differences in being able to identify goals and high hope students are those who can generate more positive and specific goals.

- There are different phases involved in enhancing hope levels including hope finding, hope bonding, hope enhancing and hope reminding. Different strategies can be used to develop pathways thinking. Students can report knowing about the strategies but may need encouragement to recognise when to use them and generalise to different settings. Reaffirming hope can take place on two levels, firstly, in terms of providing reminder sessions but secondly, in terms of reminder cognitive loops that trigger hope talk, remembering previous success.

Reflections on Developing an Understanding of Issues faced in becoming a Researcher:

During the completion of the research thesis, the researcher reflected on valuable lessons and insights learnt about becoming a researcher and the research process. Firstly, the researcher developed skills to be able to critically appraise the body of literature to identify a research project that would provide a contribution to existing knowledge. Secondly, the researcher began to appreciate that it is easier to write about certain research topics and it felt rewarding to consider and write about hope levels in adolescents. The researcher was mindful of the strategies advocated in the intervention and used them to good effect to remain focused, especially during the writing-up period when time constraints demanded the appropriate identification of goals, positive thinking and “just do it” to sustain the perseverance required to successfully complete the project. It was evident that more hopeful thinking was helped by regular feedback from the researcher’s research supervisor and fellow trainees. It prompted the researcher to reflect on the importance of possible “hope buddies” and teachers providing not just clear feedback about coursework, but that which promotes hopeful thinking in students. The research also provided further opportunities to gain experience of writing-up research using a scientific format, which helped the researcher to develop more logical thought processes, substantiate research findings and consider recommendations for avenues of further investigation. The research afforded the researcher the opportunity to develop her

understanding of thematic analyses and conducting quantitative analyses. It also provided the opportunity to gain an understanding of writing-up the findings in different formats for a range of audiences, including the thesis format for examination and information sheet for parents and school.

There were some more challenging elements in conducting the research. Firstly, it was challenging to find time to deliver and evaluate the intervention, especially given this was combined with a busy allocation of schools. Repeated reflections throughout the process related to the amount of time and effort required for the practical running of the project, for example, repeatedly providing the Inclusion Manager with numerous information packs, locating pupils in different buildings on campus to complete the questionnaires and finding space to run the groups. For example, extracts from the research journal recorded the following:

*Extract * - “delivered more information packs to ** to-day. 20 participants have confirmed their participation which is very encouraging. However, 2 hours were spent delivering them and discussing the project”.*

Furthermore, the dual role of facilitator and evaluator provided a possible conflict of interests. The researcher acknowledged that as facilitator of the group, she would have wished for participation in the group to result in increased levels of hope. However, every effort was made to ensure she remained neutral in evaluating the research. The researcher learnt to appreciate that the effectiveness of the intervention was tested by examining if significant differences occurred in adolescent’s levels of hope, but that does not necessarily indicate what processes within the group facilitated or hindered that. It is a challenge to know how to validate the researcher’s impressions for possible rationale not routinely referred to by the participants during their de-brief session. Another challenge related to the considerable amount of data generated by the research thesis and finding the time to code this and decide all the measures to be included in the thesis. Finally, another challenge in designing this study was to recognise what research questions could be tested empirically using quantitative analyses given the size of the sample population. The researcher came to fully appreciate and will be mindful in designing future studies

that both the size of the population and whether distributions of normality were achieved are important considerations when thinking about whether certain questions can actually be addressed.

4.7 Conclusion

This study aimed to evaluate the effectiveness of a modified 5-week intervention programme called the “Raising Hope Intervention” to enhance hope levels and well-being in Year 7 students following their transition to secondary school. The study employed a range of techniques, including cognitive-behavioural, solution focused and narrative techniques to be support students to develop effective goal-setting and attainment, and improve pathways and agency thinking, which are considered constituent elements of hope.

The aim of evaluating the intervention has been met and findings reveal that while it was helpful in improving student’s levels total difficulties scores, it requires further modifications to form an effective intervention to enhance students levels of hope, both pathways but especially agency thinking. However, findings from the thematic analyses revealed that students enjoyed taking part and valued the experience with reports of improvements in goal setting, attainment and having identified effective strategies to overcome possible barriers. The information from the Raising Hope Evaluation questionnaire provided further evidence to support this. A strength of the study employing a multi-method approach was that areas where the intervention was effective and those where future modifications are required were identified.

The findings provided valuable insights, since it is the first study to implement the intervention in the United Kingdom, so brings important unique information regarding the students’ levels of hope and possible ways to foster goal attainment, pathways and agency thinking. Adopting a multi-method approach has enabled the research questions to be answered fully and the use of qualitative methods has enabled a richer, more

informed interpretation of findings. The longitudinal nature of the data has allowed interesting pattern of finding to emerge when considering the impact of the intervention on a longer-term basis.

Importantly, the study served to underscore the importance of considering levels of hope as a valuable psychological strength, which shows numerous strong associations with various indices of adolescents’ subjective well-being over time. The research raises many important questions for future research and practice which have been delineated. It serves to underscore the value of the role of the Educational Psychologist in being able to identify a possible school-based intervention to enhance adolescent well-being, act as facilitator, train school staff and evaluate the effectiveness of the intervention. Vitally, it also acted as a forum for the voice of the adolescent to be heard and provided an opportunity for students in an area that have been identified as having high deprivation to consider their hopes and future.

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Appendices

Appendix 1: Systematic Literature Review

A systematic literature review was conducted using a series of electronic databases and hand searches. The electronic databases used included: UBSCO, Psychlit, PsycARTICLES and APA PsycNET. The following table presents the terminology used and the resulting number of articles found. The researcher also looked at titles of articles published in certain journal from 2000 to the current publication online or in the library. The researcher also contacted the author of the intervention with regards to gaining relevant publications.

Electronic Searches of Databases for Articles (UBSCO, Psychlit, PsyARTICLES and APA PsycNET)	
Variable	Terminology Used
Hope	Hope – hopefulness (26.10.09/23.08.10/14.03.11) Hope in adolescence (26.10.09/23.08.10/14.03.11)
Hope Interventions	Hope in Secondary schools (26.10.09/23.08.10/14.03.11) Goals (26.10.09/23.08.10/14.03.11)
Positive Psychology	Goal setting in adolescence (26.10.09/23.08.10/14.03.11) Students’ Goal setting (26.10.09/23.08.10/14.03.11)
Well-being	Students’ Agency thinking (26.10.09/23.08.10/14.03.11) Students’ Strategy thinking (26.10.09/23.08.10/14.03.11)
Positive and Negative Affect	Raising Hope Programme 28.10.09/22.01.10/25.08.10/15.03.11) Hope Interventions (28.10.09/22.01.10/25.08.10/15.03.11) Hope Interventions + students + adolescents (28.10.09/22.01.10/25.08.10/15.03.11)
Life Satisfaction	Improving hope + students (28.10.09/22.01.10/25.08.10/15.03.11)
Happiness	Improving hope + adolescents (28.10.09/22.01.10/25.08.10/15.03.11) Facilitating hope + adolescents (28.10.09/22.01.10/25.08.10/15.03.11) Increasing hope + adolescents (28.10.09/22.01.10/25.08.10/15.03.11)
Attributions	Positive Psychology (28.10.09/25.08.10/15.03.11) Positive Psychology + schools (28.10.09/25.08.10/17.03.11) Positive psychology + hope + schools (28.10.09/25.08.10/15.03.11)
Transition to Secondary school	Positive psychology + hope + schools + adolescents (28.10.09/25.08.10/15.03.11) Well-being (30.10.09/27.08.10/15.03.11)
Electronic searches of table of contents for the following journal from 2000 until current issue	Subjective Well-being (30.10.09/25.08.10/27.08.10/18.03.11) Subjective well-being + adolescence (30.10.09/27.08.10/18.03.11) Well-being + Transition + Secondary School (30.10.09/27.08.10/18.03.11) Positive + Negative Affect (30.10.09/27.08.10/18.03.11) Positive Affect + Adolescence (30.10.09/27.08.10/18.03.11) Negative Affect + Adolescence (30.10.09/27.08.10/18.03.11)
Emailed Professor Shane Lopez requesting intervention and relevant publications	Life satisfaction + hope (30.10.09 (30.10.09/28.08.10/18.03.11) Life satisfaction + hope + adolescents (30.10.09/28.08.10/18.03.11) Life satisfactions + raising hope + students (30.10.09/28.08.10/18.03.11) Happiness + adolescents (05.11.09/28.08.10.19.03.11) Happiness + students + secondary school (05.11.09/28.08.10.09.03.11) Happiness + hope + adolescents (05.11.09/28.08.10/19.03.11)

01.07.10/01.11.10/ 26.1.11	Happiness + hope + adolescents + school (05.11.09/28.08.10/19.03.11) Attributions + adolescents (05.11.09/28.08.10/19.03.11) Attributions + hope + adolescents (05.11.09. 28.08.10/19.03.11) Attributions + well-being + adolescents (05.11.09/28.08.10/19.03.11) Transition + secondary school (05.11.09/28.08.10/28.08.10/19.03.11) Student + transition + secondary school + hope (09.09.11/28.08.10) Student + transition + secondary school + well-being (09.09.11/28.08.10) Primary + secondary transition (09.09.11/28.08.10) Effects of transition from primary + secondary (09.09.11) Primary secondary Transition + interventions (09.09.11)
Hand Searches	
From inception to final completion of the thesis	<ul style="list-style-type: none"> Reviewed journal articles cited in references sections of all articles of interest (refer to above dates and those cited below for dates when the researcher examined journals in the library).
Looked through journals in the library 01.07.10/16.10.09/13.11.09 /27.11.09//05.02.10/25.08.10 28.08.10/29.08.10	<ul style="list-style-type: none"> Educational Psychology in Practice Journal of Child Psychology and Psychiatry Journal of Positive Psychology

Appendix 2: Introductory Letter, Information Sheet and Consent form for Parents and Adolescents in the Intervention Group

(Printed on the EPS Headed Paper)

Dear Parent/carers,

I am a trainee Educational Psychologist currently working with the Educational Psychology Service, in ** County Council. The purpose of the enclosed “Information sheet” is to provide you with the details needed to consider whether you would like your son or daughter to participate in the “Raising Hope Programme”, which I will be running at ** College. The programme forms my research study which I am completing whilst studying at the University of East London.

I would be delighted to answer any further questions you may have and can be contacted on the following:

EPS Address

Once you have read the information sheet and are happy for your son or daughter to take part, I would be very grateful if you could sign the enclosed consent form and return to **, Assistant Principal (SENCO) or your son/daughter’s form tutor in the stamped addressed envelope provided.

Best wishes,

Sandy Egan

Trainee Educational Psychologist

Information Sheet for Parents/Carers

Sandy Egan

(EPS address)

University of EAST LONDON

Stratford Campus

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information needed to consider whether you would like your son or daughter to participate in the “Raising Hope Programme”.

Project Title

Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Project Description

The “Raising Hope Programme” is interested in understanding and providing Year 7 pupils with the skills to understand and enhance their hope levels. By increasing pupil’s hope levels the programme aims to support Year 7 pupils who have recently made the transition to secondary school improve their well-being and happiness. Research has shown that improving adolescent’s levels of hope and well-being has multiple benefits, including greater educational and work success, improved learning and behaviour, increased inclusion, social cohesion and improvements to mental health.

What will Participation Involve?

Participants will be asked to take part in five 45 minutes sessions in groups of five pupils. At the beginning and end of the programme, pupils will be asked to describe how hopeful they are and complete questionnaires about their levels of happiness, satisfaction with life, gratitude, positive and negative feelings and

their attributions to explain positive and negative life events. Some pupils may be asked to take part in a semi-structured interview, if individual permission is gained. Pupils will be asked to record a daily hope, two things they were grateful for and a personal strength every day during the intervention. Participants will be asked how hopeful they are again in the spring term. Teachers will also be asked to rate pupil’s well-being

Confidentiality of the Data

The data will be stored for five years in a locked cupboard and will then be shredded to ensure confidentiality. All information stored electronically will be password protected.

Location

The “Raising Hope Programme” will be carried out at ** College.

Disclaimer

Your son/daughter is not obliged to take part in this study, and are free to withdraw at any time during the intervention. Should they choose to withdraw from the programme you may do so without disadvantage and without any obligation to give a reason.

University Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate please contact the Secretary of the University Research

Ethics Committee: Ms S Thorne, Administrative Officer for Research, Graduate School, University of East London, Romford Rd, Stratford, E15 4LZ, (telephone 0208 223 6274 e-mail s.r.c.thorne@uel.ac.uk)

Consent letter for Parents/Carers

Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

I have read the information leaflet relating to the above programme of research in which my son/daughter has been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which my son/daughter will be involved have been explained to me.

I understand that my son or daughter’s involvement in this study, and in particular that data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen to the data once the experimental programme has been completed.

I hereby fully and freely consent for _____ to participate in the study. Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Having given this consent I understand that s/he have the right to withdraw from the programme at any time without disadvantage to him/herself and without being obliged to give any reason.

Parent/carers's name (BLOCK CAPITALS):

.....

Participant's signature:

.....

Date:20.....

Information Sheet for Adolescents

Sandy Egan

EPS ADDRESS

UNIVERSITY OF EAST LONDON

Stratford Campus

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information needed to consider whether you would like to participate in the “Raising Hope Programme”.

Project Title

Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Project Description

The “Raising Hope Programme” is interested in providing Year 7 pupils with the skills to understand and enhance their hope levels. By increasing pupil’s hope levels the programme aims to support Year 7 pupils who have recently made the transition to secondary school improve their well-being and happiness. Research has shown that improving adolescent’s levels of hope and well-being has multiple benefits, including greater educational and work success, improved learning and behaviour, increased inclusion, social cohesion and improvements to mental health.

What will Participation Involve?

Participants will be asked to take part in five 45 minutes sessions in groups of six pupils. At the beginning and end of the programme, pupils will be asked to

describe how hopeful they are and complete questionnaires about their levels of happiness, satisfaction with life, gratitude, positive and negative feelings and their attributions to explain positive and negative life events. Some pupils may be asked to take part in a semi-structured interview if individual permission is gained. Pupils will be asked to record a daily hope, two things they were grateful for and a personal strength every day during the intervention and weekly afterwards until the autumn term in Year 8. Participants will be asked how hopeful they are again in the autumn term. Teachers will also be asked to rate pupil’s hope levels and well-being.

Confidentiality of the Data

The data will be stored for five years in a locked cupboard and will then be shredded to ensure confidentiality. All information stored electronically will be password protected.

Location

The “Raising Hope Programme” will be carried out at **.

Disclaimer

You are not obliged to take part in this study, and are free to withdraw at any time during the intervention. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

University Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate please contact the Secretary of the University Research

Ethics Committee: Ms S Thorne, Administrative Officer for Research, Graduate School, University of East London, Romford Rd, Stratford, E15 4LZ, (telephone 0208 223 6274 e-mail s.r.c.thorne@uel.ac.uk)

Consent letter for Adolescents to take part in the Intervention

Promoting “Hope” and Well-being in Adolescents following Transition to
Secondary School.

I have read the information leaflet about the “Raising Hope Programme” in which I have been asked to take part and been given a copy to keep. The nature and purposes of the research have been explained to me and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and what will take place.

I understand what my involvement means and in particular that data from this research will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen to the data once the experimental programme has been completed.

I hereby fully and freely consent _____ to participate in the study. Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Having given this consent I understand that I have the right to withdraw from the programme at any time without disadvantage and without being obliged to give any reason.

Participant's signature:

Date:

Appendix 3: Introductory letter, Information Sheet and Consent form for Parents and Adolescents in the Comparison Group

Dear Parent/carers,

I am a trainee Educational Psychologist currently working with the Educational Psychology Service, in Surrey County Council. The purpose of the enclosed “Information sheet” is to provide you with the details needed to consider whether you would like your son or daughter to participate in the “Raising Hope Programme”, which I will be running at **. The programme forms my research study which I am completing whilst studying at the University of East London.

I would be delighted to answer any further questions you may have and can be contacted on the following:

EPS address and Contact Details

Once you have read the information sheet and are happy for your son or daughter to take part, I would be very grateful if you could sign the enclosed consent form and return to Mrs Marin, Assistant Principal (SENCO) or to your son/daughter’s tutor, in the stamped addressed envelope.

Best wishes,

Sandy Egan

Trainee Educational Psychologist

Information Sheet for Parents/Carers

The Principal Investigator(s)

Sandy Egan

EPS address

UNIVERSITY OF EAST LONDON

Stratford Campus

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information needed to consider whether you would like your son or daughter to participate in the “Raising Hope Programme”.

Project Title

Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Project Description

The “Raising Hope Programme” is interested in understanding and providing Year 7 pupils with the skills to understand and enhance their hope levels. By increasing pupil’s hope levels the programme aims to support Year 7 pupils who have recently made the transition to secondary school improve their well-being and happiness. Research has shown that improving adolescent’s levels of hope and well-being has multiple benefits, including greater educational and work success, improved learning and behaviour, increased inclusion, social cohesion and improvements to mental health.

What will Participation Involve?

Participants will be asked to complete a brief questionnaire about their “Hope Levels” twice in Year 7 and once in Year 8, in their tutor groups, to gain a greater understanding about how their hope levels vary over time.

Confidentiality of the Data

The data will be stored for five years in a locked cupboard and will then be shredded to ensure confidentiality. All information stored electronically will be password protected.

Location

The “Raising Hope Programme” will be carried out at **.

Disclaimer

Your son/daughter is not obliged to take part in this study, and are free to withdraw at any time during the intervention. Should they choose to withdraw from the programme you may do so without disadvantage and without any obligation to give a reason.

University Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate please contact the Secretary of the University Research

Ethics Committee: Ms S Thorne, Administrative Officer for Research, Graduate School, University of East London, Romford Rd, Stratford, E15 4LZ, (telephone 0208 223 6274 e-mail s.r.c.thorne@uel.ac.uk)

Consent letter for Parents/Carers

Promoting “Hope” and Well-being in Adolescents following Transition to
Secondary School.

I have read the information leaflet relating to the above programme of research in which my son/daughter has been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which my son/daughter will be involved have been explained to me.

I understand that my son or daughter’s involvement in this study, and in particular that data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen to the data once the experimental programme has been completed.

I hereby fully and freely consent for _____ to participate in the study. Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Having given this consent I understand that s/he have the right to withdraw from the programme at any time without disadvantage to him/herself and without being obliged to give any reason.

Parent/carers's name (BLOCK CAPITALS):

.....

Participant's signature:

Date:20.....

Information Sheet for Adolescents

The Principal Investigator(s)

Sandy Egan

EPS Address

UNIVERSITY OF EAST LONDON

Stratford Campus

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information needed to consider whether you would like to participate in the “Raising Hope Programme”.

Project Title

Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Project Description

The “Raising Hope Programme” is interested in providing Year 7 pupils with the skills to understand and enhance their hope levels. By increasing pupil’s hope levels the programme aims to support Year 7 pupils who have recently made the transition to secondary school improve their well-being and happiness. Research has shown that improving adolescent’s levels of hope and well-being has multiple benefits, including greater educational and work success, improved learning and behaviour, increased inclusion, social cohesion and improvements to mental health.

What will Participation Involve?

Participants will be asked to complete a brief questionnaire about their “Hope Levels” twice during the summer term in Year 7 and again at the beginning of Year 8, in their tutor groups, to gain a greater understanding about how their hope levels vary over time.

Confidentiality of the Data

The data will be stored for five years in a locked cupboard and will then be shredded to ensure confidentiality. All information stored electronically will be password protected.

Location

The “Raising Hope Programme” will be carried out at **.

Disclaimer

You are not obliged to take part in this study, and are free to withdraw at any time during the intervention. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

University Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate please contact the Secretary of the University Research

Ethics Committee: Ms S Thorne, Administrative Officer for Research, Graduate School, University of East London, Romford Rd, Stratford, E15 4LZ, (telephone 0208 223 6274 e-mail s.r.c.thorne@uel.ac.uk)

Consent letter for Adolescents

Promoting “Hope” and Well-being in Adolescents following Transition to
Secondary School.

I have read the information leaflet about the “Raising Hope Programme” in which I have been asked to take part and been given a copy to keep. The nature and purposes of the research have been explained to me and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and what will take place.

I understand what my involvement means and in particular that data from this research will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen to the data once the experimental programme has been completed.

I hereby fully and freely consent _____ to participate in the study. Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Having given this consent I understand that I have the right to withdraw from the programme at any time without disadvantage and without being obliged to give any reason.

Participant's signature:

Date:

Appendix 4: The Children’s Hope Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1	2	3	4	5	6
None of The time	a little of the time	Some of the time	A lot of the time	Most of the time	All of the time

_____ 1. I think I am doing pretty well.

_____ 2. I can think of many ways to get the things in life that are most important to me.

_____ 3. I am doing just as well as other kids my age.

_____ 4. When I have a problem, I can come up with lots of ways to solve it.

_____ 5. I think the things I have done in the past will help me in the future.

_____ 6. Even when others want to quit, I know I can find ways to solve the problem.

Appendix 5: Multidimensional Students Life Satisfaction Scale

DIRECTIONS: Below are four statements with which you may agree or disagree. Using the 1-4 scale below, indicate your agreement with each item by placing the appropriate number in the line preceding that item. Please be open and honest in your responding.

1 = Never

2 = Sometimes

3 = Often

4 = Almost always

Family

I enjoy being at home with my family	1	2	3	4
My family gets along well together	1	2	3	4
I like spending time with my parents	1	2	3	4
My parents and I do fun things together	1	2	3	4
My family is better than most	1	2	3	4
Members of my family talk nicely to one another	1	2	3	4
My parents treat me fairly	1	2	3	4

Friends

My friends treat me well	1	2	3	4
My friends are nice to me	1	2	3	4
I wish I had different friends	1	2	3	4
My friends are mean to me	1	2	3	4
My friends are great	1	2	3	4
I have a bad time with my friends	1	2	3	4
I have a lot of fun with my friends	1	2	3	4
I have enough friends	1	2	3	4
My friends will help me if I need it	1	2	3	4

School

I look forward to going to school	1	2	3	4
I like being in school	1	2	3	4
School is interesting	1	2	3	4
I wish I didn't have to go to school	1	2	3	4
There are many things about school I don't like	1	2	3	4
I enjoy school activities	1	2	3	4
I learn a lot at school	1	2	3	4
I feel bad at school	1	2	3	4

Living Environment

I like where I live	1	2	3	4
---------------------	---	---	---	---

I wish there were different people in my neighbourhood	1	2	3	4
I wish I lived in a different house	1	2	3	4
I wish I lived somewhere else	1	2	3	4
I like my neighbourhood	1	2	3	4
I like my neighbours	1	2	3	4
This town is filled with mean people	1	2	3	4
My family's house is nice	1	2	3	4
There are lots of fun things to do where I live	1	2	3	4

Self

I think I am good looking	1	2	3	4
I am fun to be around	1	2	3	4
I am a nice person	1	2	3	4
Most people like me	1	2	3	4
There are lots of things I can do well	1	2	3	4
I like to try new things	1	2	3	4
I like myself	1	2	3	4

Appendix 6: The Positive and Negative Affect Scale (PANAS)

Please read each item carefully. Using the scale shown below, please select the number that best describes how YOU feel and put that number in the blank provided.

1 = Not at all; 2 = A little 3 = 4 = 5 = A lot

1. Attentive _____
2. Interested _____
3. Alert _____
4. Excited _____
5. Enthusiastic _____
6. Inspired _____
7. Proud _____
8. Determined _____
9. Strong _____
10. Active _____

1. Distressed _____
2. Upset-distressed _____
3. Hostile _____
4. Irritable-angry _____
5. Scared _____
6. Afraid-fearful _____
7. Ashamed _____
8. Guilty _____
9. Nervous _____
10. Jittery _____

Appendix 7: Subjective Happiness Scale (SHS)

For each of the following statements and/or questions, please circle the point on the scale that you feel is most appropriate in describing you.

1. In general, I consider myself:

1	2	3	4	5	6	7
Not a						A very
very happy						happy
person						person

2. Compared to most of my peers, I consider myself:

1	2	3	4	5	6	7
Not a						A very
very happy						happy
person						person

3. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?

1	2	3	4	5	6	7
Not a						A very
very happy						happy
person						person

4. Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you?

1	2	3	4	5	6	7
Not a						A very
very happy						happy
person						person

Appendix 8: Strengths and Difficulties Questionnaire

Date: _____

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers based on how the pupil has appeared to you **over the last month**.

Not So Ce

1	..Tries to be nice to other people and cares about their feelings	0	1	2
2	.. is restless and cannot stay still for long	0	1	2
3	.. gets a lot of headaches, stomach-aches or sickness	0	1	2
4	.. usually shares with others (food, games, pens etc.)	0	1	2
5	.. gets very angry and often lose his/her temper	0	1	2
6	.. is usually on his/her own. .. generally plays alone or keeps to his/herself	0	1	2
7	.. usually does as he/she is told	2	1	0
8	.. worries a lot	0	1	2
9	.. is helpful if someone is hurt, upset or feeling ill	0	1	2
10	.. is constantly fidgeting or squirming	0	1	2
11	.. has one good friend or more	2	1	0
12	.. fights a lot. .. can make other people do what he/she wants	0	1	2
13	.. is often unhappy, down-hearted or tearful	0	1	2
14	Other people his/her age generally like me	2	1	0
15	.. is easily distracted and finds it difficult to concentrate	0	1	2
16	.. is nervous in new situations and loses confidence easily	0	1	2
17	.. is kind to younger children	0	1	2
18	.. is often accused of lying or cheating	0	1	2
19	Other children or young people pick on .. or bully ..	0	1	2
20	.. often volunteers to help others (parents, teachers, children)	0	1	2
21	.. thinks before doing things	2	1	0
22	.. takes things that are not his/hers from home, school or elsewhere	0	1	2
23	.. gets on better with adults than with people his/her own age	0	1	2
24	.. has many fears and is easily scared	0	1	2
25	.. finishes work and his/her attention is good	2	1	0

Any other comments?

Emotional =

Peer =

Conduct =

Hyperactivity=_____

Total Difficulties Scale

Prosocial:

Appendix 9: The Attribution Scale

Please read each statement and tick the option (A or B) that is most true for you.

1. You got an “A” on a test

A: I am smart

B: I am good in the subject that the test was in

2. Some kids that you know say that they do not like you.

A. Once in a while people are mean to me.

B. Once in a while I am mean to other people

3. A good friend tells you that he hates you

A: My friend was in a bad mood that day

B: I wasn't nice to my friend that day.

4. A person steals money from you

A: That person is not honest

B: Many people are not honest

5. Your parents tell you that something that you make is very good.

A: I am good at making some things.

B: My parents like some things I make

6. You break a glass

A: I am not careful enough

B: Sometimes I am not careful enough

7. You do a project with a group of other adolescents and it turns out badly

A: I don't work well with the people in that particular group

B: I never work well with groups

8. You make a new friend

A: I am a nice person

B: The people that I meet are nice

9. You have been getting along well with your family

A: I am usually easy to get along with when I am with my family

B: Once in a while I am easy to get along with when I am with my family

10. You get a bad grade in school

A: I am not a good student

B: Teachers give hard tests

11. You walk into a door and you get a bloody nose

A: I wasn't looking where I was going

B: I have been careless lately

12. You have a messy room

A: I did not clean my room that day

B: I usually do not clean my room

13. Your mother makes you your favourite dinner

A: There are a few things that my mother will do to please me.

B: My mother usually likes to please me

14. A team that you are on loses a game.

A: The team members don't help each other when they play together

B: That day the team members did not help each other.

15. You do not get your chores done at home.

A: I was lazy that day.

B: Many days I am lazy

16. You go to an amusement park and you have a good time.

A: I usually enjoy myself at amusement parks.

B: I usually enjoy myself in many activities.

17. You go to a friend’s party and have fun.

A: Your friend usually organises good parties

B: Your friend organised a good party that day.

18. You have a substitute teacher and she likes you.

A: I was well behaved during class that day.

B: I am almost always well behaved during class

19. You make your friends happy

A: I am usually a fun person to be with

B: Sometimes I am a fun person to be with

20. You put a hard puzzle together

A: I am good at putting puzzles together

B: I am good at doing many things

21. You try out for a sports team and do not make it.

A: I am not good at sports

B: The other adolescents who tried out are very good at sports

22. You fail a test.

A: All tests are hard.

B: Only some tests are hard

23. You hit a rounder in a rounders game.

A: I swing the bat just right.

B: The bowler bowled an easy ball

24. You do the best in your class on a written piece of work.

A: The other pupils in my class did not work hard for their papers.

B: I worked hard on the paper.

Appendix 10: The Raising Hope Evaluation Questionnaire



Pupil's Name: _____ Date: _____

How much did you enjoy taking part in the “Raising Hope Programme”?

1	2	3	4	5
Not at all	A little	Somewhat	A lot	Very much

What was the best thing about the group?

What have you learnt from taking part in the Raising Hope Programme?

How helpful has taking part been to help you to identify positive and specific goals?

1	2	3	4	5
Not at all	A little	Somewhat	A lot	Very much

How helpful has it been to identify possible barriers to achieving your goals?

1	2	3	4	5
Not at all	A little	Somewhat	A lot	Very much

How helpful has it been to identify strategies you could used to overcome barriers?

1	2	3	4	5
Not at all	A little	Somewhat	A lot	Very much

How helpful has it been to help you to achieve your goals?

1	2	3	4	5
Not at all	A little	Somewhat	A lot	Very much

Group Processes

What did you think about the size of the group?

Were there the right number of sessions?

What was your favourite activity?

Recommendations

Are there any changes you would make to the “Raising Hope Programme”?

Do you have any other comments about the Raising Hope Programme?

Would you recommend it to other people?

Yes

No

Views of Hope

Has taking part in the “Raising Hope Programme” changed your thoughts about hope? If so, in what ways?

Are you more hopeful about the future?

Has taking part in the “Raising Hope Programme” changed the types of goals you have?

Will the “Raising Hope Programme” help you to achieve your goals more? If so, in what ways?

Have you been using anything that you have learnt from the sessions in your daily life?

Do you think the programme will help you for the future?

Appendix 11: Information Sheet for Parents whose adolescent may be attending the Child and Adolescent Mental Health Services

Dear Parent/carers,

I am a trainee Educational Psychologist currently working with the Educational Psychology Service, in ** County Council. The purpose of the enclosed “Information sheet” is to provide you with the details needed to consider whether you would like your son or daughter to participate in the “Raising Hope Programme”, which I will be running at ** College. The programme forms my research study which I am completing whilst studying at the University of East London.

If your son or daughter is currently receiving support from the Child and Adolescent Mental Health Service (CAMHS) regarding the management of any medication, such as Ritalin, they are very welcome to take part in the study. If your son/daughter attends therapeutic sessions at CAMHS then it would not be appropriate for them to take part in the study at this time. The consent letter asks your permission for **, Assistant Principal (SENCO) at ** College to confirm the nature of your son/daughter’s involvement with CAMHS with myself.

I would be delighted to answer any further questions you may have and can be contacted on the following:

EPS address

Once you have read the information sheet and are happy for your son or daughter to take part, I would be very grateful if you could sign the enclosed consent form and return to (Assistant Principal) or his/her form tutor in the stamped addressed envelope provided by the 14th May, 2010.

Best wishes,

**

Trainee Educational Psychologist

Information Sheet for Parents/Carers

The Principal Investigator(s)

Sandy Egan

EPS

UNIVERSITY OF EAST LONDON

Stratford Campus

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information needed to consider whether you would like your son or daughter to participate in the “Raising Hope Programme”.

Project Title

Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Project Description

The “Raising Hope Programme” is interested in understanding and providing Year 7 pupils with the skills to understand and enhance their hope levels. By increasing pupil’s hope levels the programme aims to support Year 7 pupils who have recently made the transition to secondary school improve their well-being and happiness. Research has shown that improving adolescent’s levels of hope and well-being has multiple benefits, including greater educational and work success, improved learning and behaviour, increased inclusion, social cohesion and improvements to mental health.

What will Participation Involve?

Participants will be asked to take part in five 45 minutes sessions in groups of six pupils. At the beginning and end of the programme, pupils will be asked to describe how hopeful they are and complete questionnaires about their levels of

happiness, satisfaction with life, gratitude, positive and negative feelings and their attributions to explain positive and negative life events. Some pupils may be asked to take part in a semi-structured interview, if individual permission is gained. Pupils will be asked to record a daily hope, two things they were grateful for and a personal strength every day during the intervention and weekly afterwards until the autumn term in Year 8. Participants will be asked how hopeful they are again in the autumn term. Teachers will also be asked to rate pupil's well-being

Confidentiality of the Data

The data will be stored for five years in a locked cupboard and will then be shredded to ensure confidentiality. All information stored electronically will be password protected.

Location

The “Raising Hope Programme” will be carried out at **.

Disclaimer

Your son/daughter is not obliged to take part in this study, and are free to withdraw at any time during the intervention. Should they choose to withdraw from the programme you may do so without disadvantage and without any obligation to give a reason.

University Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate please contact the Secretary of the University

Research

Ethics Committee: Ms S Thorne, Administrative Officer for Research, Graduate School, University of East London, Romford Rd, Stratford, E15 4LZ, (telephone 0208 223 6274 e-mail s.r.c.thorne@uel.ac.uk)

Consent letter for Parents/Carers

Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

I have read the information leaflet relating to the above programme of research in which my son/daughter has been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which my son/daughter will be involved have been explained to me.

I am happy for Ms **, ** College to confirm the nature of my son/daughter’s involvement with CAMHS with ** (TEP) so that s/he may take part in the study. I understand that my son or daughter’s involvement in this study, and in particular that data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen to the data once the experimental programme has been completed.

I hereby fully and freely consent for _____ to participate in the study, Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Having given this consent I understand that s/he have the right to withdraw from the programme at any time without disadvantage to him/herself and without being obliged to give any reason.

Parent/carers's name (BLOCK CAPITALS):

.....

Participant's signature:

Date:20.....

Information Sheet for Adolescents

The Principal Investigator(s)

Name

Address

UNIVERSITY OF EAST LONDON

Stratford Campus

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information needed to consider whether you would like to participate in the “Raising Hope Programme”.

Project Title

Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Project Description

The “Raising Hope Programme” is interested in providing Year 7 pupils with the skills to understand and enhance their hope levels. By increasing pupil’s hope levels the programme aims to support Year 7 pupils who have recently made the transition to secondary school improve their well-being and happiness. Research has shown that improving adolescent’s levels of hope and well-being has multiple benefits, including greater educational and work success, improved learning and behaviour, increased inclusion, social cohesion and improvements to mental health.

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their attributions to explain positive and negative life events. Some pupils may be asked to take part in a semi-structured interview if individual permission is gained. Pupils will be asked to record a daily hope, two things they were grateful for and a personal strength every day during the intervention and weekly afterwards until the autumn term in Year 8. Participants will be asked how hopeful they are again in the autumn term. Teachers will also be asked to rate pupil’s hope levels and well-being.

Confidentiality of the Data

The data will be stored for five years in a locked cupboard and will then be shredded to ensure confidentiality. All information stored electronically will be password protected.

Location

The “Raising Hope Programme” will be carried out at ** College.

Disclaimer

You are not obliged to take part in this study, and are free to withdraw at any time during the intervention. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

University Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate please contact the Secretary of the University Research

Ethics Committee: Ms S Thorne, Administrative Officer for Research, Graduate School, University of East London, Romford Rd, Stratford, E15 4LZ, (telephone 0208 223 6274 e-mail s.r.c.thorne@uel.ac.uk)

Consent letter for Adolescents

Promoting “Hope” and Well-being in Adolescents following Transition to
Secondary School.

I have read the information leaflet about the “Raising Hope Programme” in which I have been asked to take part and been given a copy to keep. The nature and purposes of the research have been explained to me and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and what will take place.

I understand what my involvement means and in particular that data from this research will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen to the data once the experimental programme has been completed.

I hereby fully and freely consent _____ to participate in the study. Promoting “Hope” and Well-being in Adolescents following Transition to Secondary School.

Having given this consent I understand that I have the right to withdraw from the programme at any time without disadvantage and without being obliged to give any reason.

Participant's signature:

Date:

Appendix 12: Diary of Events

Date	Activity
February, 2010	Ethical approval granted by the University of East London
April, 2010	Ethical approval granted by EPS
May, 2010	TEP arranged to meet the Assistant Principal of a secondary school to discuss potentially conducting the research project there. The Information Packs were shown and selection criteria discussed.
May, 2010	Assistant Principal and SLT agree the research can take place.
May, 2010	Assistant Principal and Year 7 Manager identify possible participants and forward the information packs to the parents/carers/young people for consideration. Parental and adolescent consent is obtained by the Assistant Principal
June, 2010	Pre-intervention measures are administered individually. Staff completed the pre-intervention SDQ data.
June, 2010	Session 1 (Pilot) takes place and groups are subsequently re-configured (Groups 1-4).
June – July, 2010	Sessions 1-6 take place weekly (Groups 1-4)
July, 2010	Immediate post-intervention questionnaires and interviews are completed by participants (Groups 1-4). School staff completed the post-intervention SDQ.
July, 2010	Short-term post-intervention questionnaires and interviews administered. School staff complete the SDQ data.
October, 2010	Recruitment takes place for group 5.
November, 2010	Pre-intervention measures are administered individually (Group 5). Members of staff complete the pre-intervention SDQ
November – December, 2010	Sessions 2-6 take place weekly (Group 5)
December - January, 2010	Immediate post-intervention questionnaire completed (Group 5) Longitudinal post-intervention questionnaire and interviews completed. Members of staff complete the short-term (Group 5) and longitudinal SDQ questionnaires (Groups 1-4)
April, 2011	Longitudinal post-intervention questionnaires and interviews completed. Members of staff complete the longitudinal SDQ data for Group 5.
June, 2011	Preparation of findings for dissemination to participants,

Appendix 13: Covering letter to members of staff completing the SDQ.

Headed Paper

Date

Dear *,

Thank you so much for agreeing to complete the “Strengths and Difficulties” questionnaire. It would be very helpful if you could answer all the items as best you can on the basis of the pupil’s behaviour over the last month. I would be delighted to answer any further questions you may have and can be contacted on the following:

Address and contact details

Once you have completed the questionnaires, I would be very grateful if you could return them to **, Assistant Principal. Many thanks for all your consideration and time.

Best wishes,

**, Trainee Educational Psychologist

Appendix 14: Session Overview



Session Format for the Raising Hope Programme

Session	Format and Topics
Pre-assessment	<ul style="list-style-type: none"> • Introductions • Ice breaker activity • Introduction to the "Raising Hope Programme" • Concept of Hopeful thinking • Hope Story • Consent
Session 2 (Groups Re-arranged - optional activity)	<ul style="list-style-type: none"> • Introductory game • Remembering Group Rules • Review of Session 1 • Hopeful thinking • Identifying positive and specific goals • Identifying "What Change"? • Stages of Change Cycle - Carl scenario • Plenary • Review
Session 3	<ul style="list-style-type: none"> • Introductory Game • Remembering Group Rules • Review of Session 2 • Are goals positive and specific? • Winner • Barriers to Hopeful Thinking • Waypower Thinking Strategy: Previous Positive Achievements. • Plenary • Review
Session 4	<ul style="list-style-type: none"> • Introductory game • Review of Session 3 • How are you a winner?

	<ul style="list-style-type: none"> • Statements we tell ourselves determine how positively we'll approach something • Overcoming barriers • Strategies for Hopeful Thinking <ul style="list-style-type: none"> ◦ Reframing • Hope Stories • Plenary • Review
Session 5	<ul style="list-style-type: none"> • Introductory Game • Review of Session 4 • WINNERS have many good qualities, characteristics and behaviours. • An important part of setting goals is the process of working towards them • Who is a Winner? • Faulty Thinking as Obstacles • Waypower, willpower and hope talk - Strategies for Hopeful thinking <ul style="list-style-type: none"> ◦ Reframing negative to positive talk ◦ What I have done before will help me ◦ Think of your good qualities, characteristics and behaviours ◦ Just do it! ◦ Think of the rewards • Positive thinking game • Plenary • Review
Session 6	<ul style="list-style-type: none"> • Introductory Game • Review of Session 5 • Qualities, characteristics and behaviours • Thoughts feelings and actions • Strategies for Hopeful thinking <ul style="list-style-type: none"> ◦ Relaxation strategies • Plenary • Review
Evaluation	<ul style="list-style-type: none"> • Programme Review • Post-assessment measures are completed

Appendix 15: Fact Sheets Accompanying the Raising Hope Intervention

Making Hope Happen In Our Schools



Name: _____

Collingwood College


Sandy Egan
Surrey Educational Psychology Service
June - July, 2010

Session 1




Session 1

1. The components of hopeful thinking are: being goal-oriented, having willpower, and having waypower.
2. The characteristics of good goals are positivity and specificity.
3. There are stages for deciding to make changes (pre-thinking, thinking, deciding, doing, maintaining, relapsing)



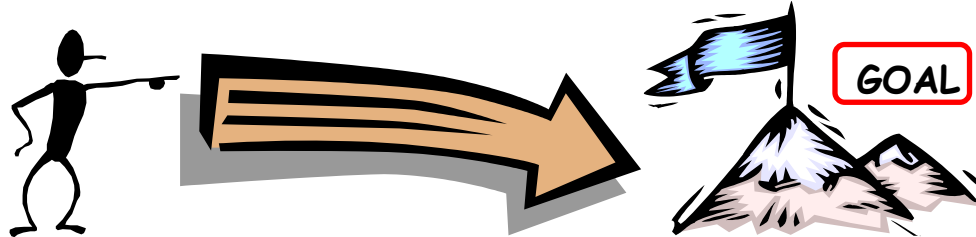
Rules



(decided by students)

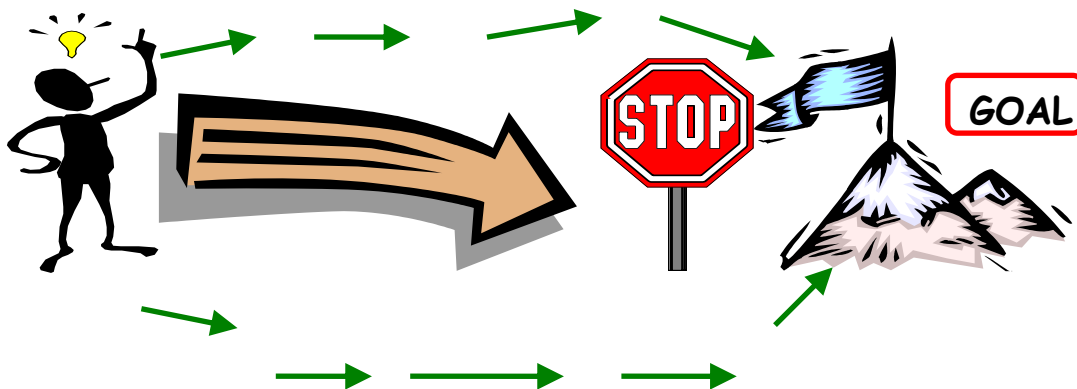
Hopeful Thinking

Imagine you are about to go on a trip. You are traveling to reach an interesting place, to meet a special friend, to pick up a gift, or to attend an event. You may have wanted to take this journey for many years, or the idea may have just popped into your mind. Whatever your goal may be, you naturally have the desire to reach it. How do you make this trip happen?



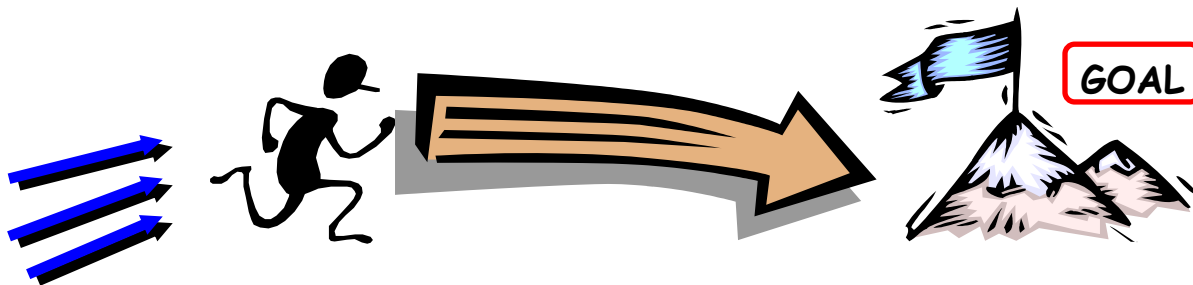
Goals Thinking

Goals are the targets of your desires. Having goal thoughts is inescapable.



Waypower Thinking

Waypower is your belief that you can generate pathways to reach your goals.



Willpower Thinking

Willpower is your belief that you can initiate and sustain movement toward your goals along the selected pathways



Goal Enhancer Worksheet



BE GOAL ORIENTED

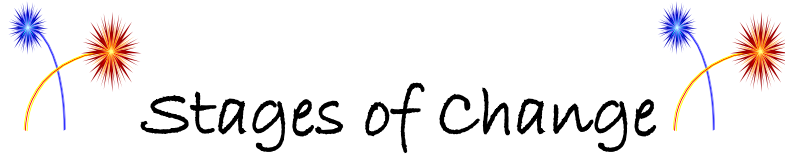
Coming up with goals can be difficult if you are uncertain about where to begin. You have to realize that the very act of reading this sentence happened because you had the small goal of doing so. Now, think about the things you like to do. Which people and activities are important to you? **Write down a goal that you want to work on over the next four weeks.**

BE Specific

It is useful to state the goal as precisely as possible. A vague goal such as, "I want to feel better," is unlikely to be accomplished because it is difficult to know where to start. To be truly effective, goals must be focused and specific. Finding workable goals is like bringing a distant object into focus with a pair of binoculars. For example, the not-so-specific goal of wanting to feel better can be clarified with probing questions such as: "If you were feeling better, what would you be doing?" "How would your behavior be different? How would your typical day change?" **Enhance the goal you have written above by making it more specific.**

BE POSITIVE

Goals also should be stated positively. A goal can be clearly stated, but it also needs a positive "frame." For example, "I want to fight less with my friend," is framed clearly, but its negative focus makes it difficult to find a workable pathway. "Arguing less" does not readily reveal any positive behaviors that individuals can do to change their situations. On the other hand, with a positively framed goal such as "spending more time together discussing common areas of interest," you can shift your focus from reducing negative to increasing positive behaviors. **Enhance the goal you have written by making it more positive.**



Stages of Change

- Stage 1: Pre-thinking

You are not ready for change or thinking of making a change

- Stage 2: Thinking

You are working out whether to change your behaviour or not.

- Stage 3: Deciding

You are deciding whether or not to change your behaviour.

- Stage 4: Doing

You make a real change

- Stage 5: Maintaining

You are trying to keep going with the behaviour

- Stage 6: Relapsing

Session 2



Session 2

- 1. The characteristics of hopeful goals are positivity and specificity.**
- 2. Identifying Long and Short term goals**
- 3. Winner game**
- 4. What are the barriers to hopeful thinking?**
- 5. Strategies for Hopeful thinking.
Thinking of something I have done in the past to help me in the future.**



Goal Enhancer Worksheet



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Which Goals are POSITIVE and SPECIFIC?

Goals	
I am going to ask Mr Carson how to make the lid for my wooden box in DT	
I hope I won't be late next week.	
I am going to score a goal in the opening five minutes in the football game against Woking High Football team next Saturday	
I won't chat to Ollie when he tries to talk to me in class.	
I will listen to Miss Spencer when she is giving whole class instructions in English tomorrow in the first lesson.	
I'm not coming home at 9pm as mum said.	
I am going to have a good time chatting to Jack in Maths tomorrow.	



WINNER

Follow along as we go through the story we read:

1. **What** was the main character's goal?
2. **Identify** pathways the main character could have used to reach the goal.
3. **Name** the barriers the main character encountered. What barriers were avoided?
4. What are some possible routes the main character could have **Navigated** around these barriers?
5. Where did the main character find the **Energy** to pursue his/her goals?
6. **Rethink** the main character's strategy and evaluate his/her approach. What do you think?



List the Possible Barriers You May Have To Navigate to Achieve Your Goals?

1. _____

2. _____

3. _____

4. _____

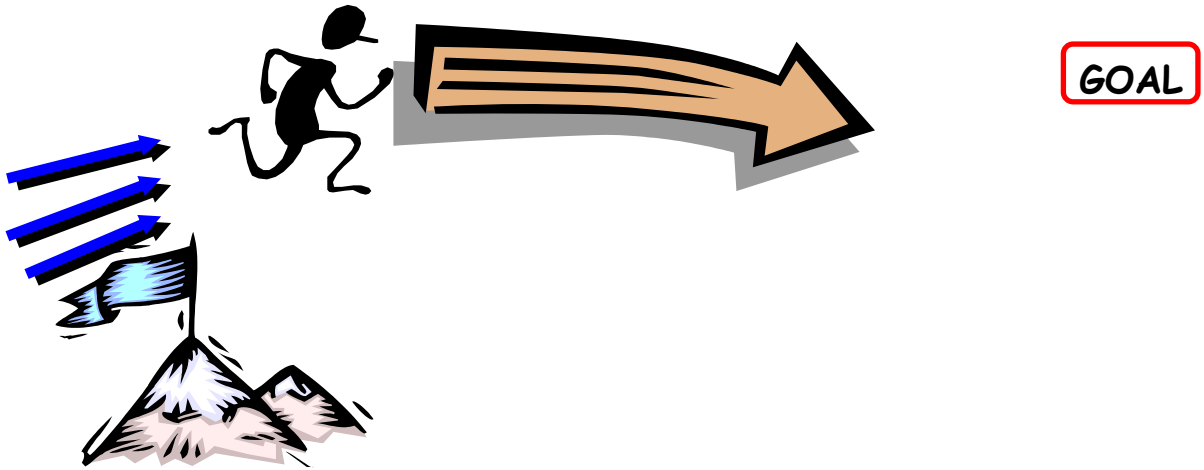
5. _____

6. _____

7. _____

Waypower Thinking

Waypower is your belief that you can generate pathways to reach your goals.



**Strategies to help you Believe you can achieve
your goals**

**What have I done in the past that will help me to achieve my
goals?**

Session 3



Session 3

- 1. How are you a Winner? An important part of setting goals is the process of working towards them.**
- 2. The statements we tell ourselves determine how positively we'll approach something**
- 3. Obstacles - Negative thoughts**
- 4. Strategies for Hopeful Thinking**
 - Hope Talk - Reframe negative into positive thoughts
 - Think of things I have done in the past that will help me
- 5. HOPE TALK**

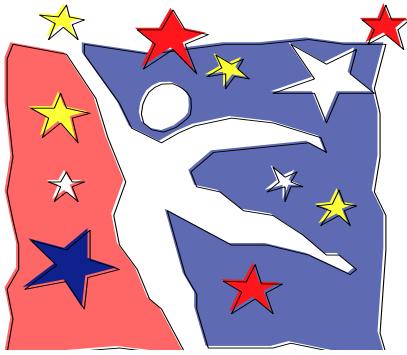
Any less-than-hopeful statement or story can be turned into an example of HOPE TALK



WINNER

Follow along as we go through the story we read:

2. **What** was the main character's goal?
3. **Identify** pathways the main character could have used to reach the goal.
4. **Name** the barriers the main character encountered. What barriers were avoided?
5. What are some possible routes the main character could have **Navigated** around these barriers?
6. Where did the main character find the **Energy** to pursue his/her goals?
7. **Rethink** the main character's strategy and evaluate his/her approach. What do you think?



“I Have HOPE!”

Change the following UN-Hopeful statements into HOPE TALK:

1. You are on your way to school when your car gets a flat tire.
UN-Hopeful: “I won’t be able to fix this!”
HOPE TALK:
2. You are asked to give a presentation in front of the class.
UN-Hopeful: “Everyone will think my ideas are dumb.”
HOPE TALK:
3. You get a much lower grade than you expected on your biology test.
UN-Hopeful: “I am just not a science-minded person.”
HOPE TALK:

Rearrange the following words into hopeful sentences:

1. TRY I GET UNTIL WILL I IT.

2. PERSON I WHO AM IDEAS FULL A IS OF.

3. MANY HAVE I GOALS FUTURE THE FOR.

Write a hopeful end to the stories below:



1. Erica's cheerleading squad is performing a dance routine in the pep rally next month. Erica has been ill, and has missed several of the squad's practices. As the day of the assembly draws near, Erica is getting more and more nervous because she feels she does not have enough time to catch up with the other squad members. She is worried about messing up the routine in front of the whole school. What can Erica tell herself to make HOPE happen?
2. Jake is trying to get better at the game of football. He really wants to join the varsity team this year, but he is afraid he will not make it. A friend tells him about some videos and books that he may find to be helpful. Jake finds them at the bookstore, but they are too expensive. Jake really wants to improve his football skills. What can he do to make HOPE happen and achieve his goal?
3. Darrell is a freshman in high school this year. He is following in the footsteps of 2 very successful older brothers, both of whom have gone on to college. Darrell has always been the typical “class clown,” pulling practical jokes and making everyone laugh. But now that he is in high school and must start looking toward his future, Darrell wants to make his parents as proud of him as they are of his two brothers. However, he is really struggling with the self-confidence that he will be able to live up to that expectation and graduate. What would you tell Darrell to help him work towards his goal and make HOPE happen?



My Personal Hope Story

Name: _____

Goal: _____

The positive and specific aspects of your goal:

What pathways did you take, and what barriers did you overcome?

Where did you find the energy to get started on the road to your goal?

How is the process going? What is your next step?

Session 4



Session 4

1. **WINNERS** have many good qualities, characteristics, and behaviors that are obvious to other people. Everyone possesses some of these.
2. An important part of setting goals is the process of working towards them.
3. Different thinking styles
4. Strategies for Hopeful thinking
 - Reframing negatives to positive talk
 - What I have done before will help me
 - Think of your good qualities, characteristics and behaviours
 - Just do it!!
 - Think of the rewards



Who is a WINNER?

One thing that makes ME a WINNER is:

• Two Main Themes:

1.

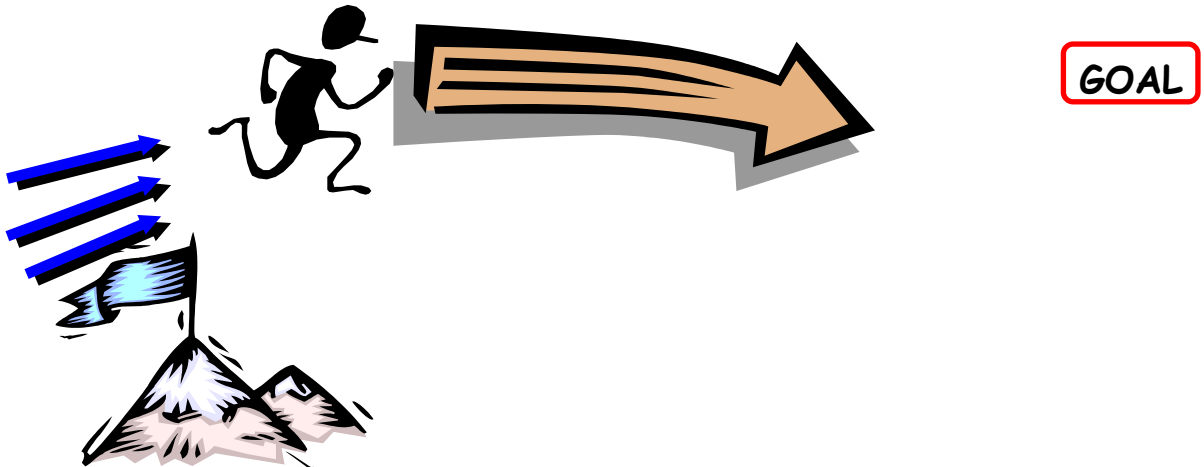
2.

Waypower, willpower, and hope talk greatly increase the chance that you'll achieve your positive and specific goals.



Waypower Thinking

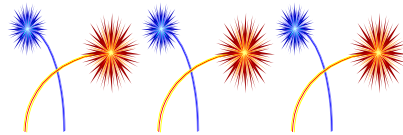
Waypower is your belief that you can generate pathways to reach your goals.



**Useful strategies to help you believe
you can achieve your goals**

- Reframing negative to positive talk
- What I have done before will help me
- Think of your good qualities, characteristics and behaviours
- Just do it.
- Think of the rewards

Session 5



Session 5

I'm A Star!! I've Achieved my Goals

The Process of Achieving Goals is Important

Thoughts - Feelings - Actions

More Strategies for Hopeful Thinking

- **Relaxation Strategies**

Hopeful Thinking

- The components of HOPEFUL THINKING are: being Goal-Orientated, having Waypower and having Willpower.
- Everyone has goals. They can be short term, for example, I would like to get to school on time today or longer-term goals, such as “I would like to be a footballer”.
- Characteristics of Good Goals are when they are POSITIVE and SPECIFIC.
- WINNERSs have many good qualities, characteristics and behaviours that are obvious to other people. Everyone possesses these qualities
- There are stages for deciding to make changes (pre-thinking, thinking, deciding, doing, maintaining, relapsing).
- Winner's achieve their goals.
- Winner's have many good qualities, characteristics and behaviours that are obvious to others. Everyone possesses them.

- The process of achieving goals is important.
- The statements we tell ourselves will determine how positively we approach something
- There are lots of strategies we can use to navigate possible barriers to our goals (Hope Talk, Reframing, Just do it, Thinking of Past Achievements, think of good qualities, characteristics and behaviours, think of the rewards, using relaxation strategies).

** has successfully taken part in the

Raising Hope Programme

at ** College

June-July, 2010

Appendix 16: Be CoolStay in School Story

Be Cool...Stay in School!

By Jason Summey

(with slight modifications)

In the eighth grade, I was student-body president of Erwin Middle School in Asheville, North Carolina. I considered this quite an honor since there were over 1,000 students in the school. At the end of the year, I was asked to make a speech at the ceremony where my class was promoted to high school. I knew this had to be more than just the brief comments a student might normally give. We're the class of 2004, and I wanted my speech to be as special as we were.

I spent several nights lying in bed, thinking about what to say. Many things crossed my mind, but none of them involved all my classmates. Then one night, it hit me. Erwin High School has the highest dropout rate of any high school in our county. What better goal could we have than for every single one of us to graduate? What if I could get my class to become the first class in the history of our public school system to enter high school as freshman and all graduate? Wouldn't that be awesome?

The speech I gave on graduation day was only 12 minutes long, but what it started is unbelievable. When I issued the challenge to my classmates to become the first class in history to enter high school as freshman and all graduate, the entire audience, including the parents, grandparents and teachers, erupted in applause. As I showed the personalized certificates and signs each student would get, I could tell they were really enthused. At the end of my speech the whole audience jumped

to its feet with a standing ovation. It was all I could do to keep my composure and not break down. I'd had no idea my challenge would bring this kind of response.

Throughout the summer, I worked on developing a program to carry our commitment into high school. I gave speeches to civic clubs and groups, and talked with several of my classmates. I told our high school principal that I wanted to start a “Grad Network” made up of students who would be willing to help and support other students during bad times. I told him I wanted to design a special shirt to identify members of our class and would like to sell these to make money to publish a class directory. Then I told him I thought it would be good if we could have some type of party to celebrate if we make it through a whole semester without losing anyone.

“I’ll go you one better than that,” he told me. “I’ll throw your class a party at the end of each grading period if you don’t lose anyone.” That was really exciting because a grading period was only six weeks: just 30 school days. The plan was beginning to come together.

Throughout the summer, word began to spread about our challenge. I appeared on local television and radio, the newspaper asked me to write a guest column and calls started coming in from everywhere. One day I received a call from CBS News in New York. One of their researchers had found my newspaper article and they were interested in featuring our class on their *48 Hours* program. Ken Hamblin, the Black Avenger on national talk radio, featured us in his August 1996 publication, *Ken Hamblin Talks with America*. He invited me to appear on his show and tell the country about our commitment. All this was amazing, because I had told our class we could become the most famous class in America if we all made it to

graduation. We were just beginning, and we were already drawing national attention.

As I write this story, our journey is just beginning. We have the first 12 weeks of school behind us. Our pledges are hanging in the school lobby across from the principal's office. Across from them is a large glass case where we mounted a piece of sheet metal with a huge hourglass painted on it. In the top of the hourglass there is a round magnetic dot for each day we have remaining in high school. We have appointed a committee of “Grad Network” members to monitor the hourglass. Each day they move a dot from the top to the bottom. This lets us track our progress in a way the entire class can watch. We began with 720 dots in the top, but now 60 of them have been moved to the bottom and we have earned our second party. It's fun to watch the dots move.

We are just starting a difficult four-year journey, but we have already made a significant impact. Last year, by the end of the second grading period, 13 kids had dropped out of the freshman class. So far this year, not a single person who signed the pledge has quit, and the “Grad Network” has become the largest organized group in the school.

Businesses are seeing what a program run completely by kids can do, and they are throwing their support behind us. We have banks, car dealers, furniture stores, restaurants and more where we can get discounts for our entire family when we show our “Grad Network” ID cards. Others are donating U.S. Savings Bonds and merchandise that we use to reward kids for supporting our program.

The Erwin High “Committed Class of 2004” would like to encourage your class to start a program like ours. Wouldn't it be awesome if the

entire class of 2004, nationwide, had a 100 percent graduation rate? Who knows? Maybe it can!

Taken from: Chicken Soup for the Teenage Soul